AN INVESTIGATION INTO PSYCHODYNAMIC COUPLE PSYCHOTHERAPISTS' THEORIES OF SENSATE FOCUS IN CLINICAL PRACTICE

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ABSTRACT

Since 1948, psychodynamic couple psychotherapy has treated sexual problems through *the mind* by using psychoanalytic, principally Kleinian theory to interpret partners' unconscious interaction. By contrast psychosexual therapy attempts to improve sexual relationships through *the body*, often using a behavioural programme of touching exercises known as "sensate focus" (Masters and Johnson, 1970b, p. 67). Remarkably a number of psychodynamic couple psychotherapists now incorporate sensate focus in their clinical work, combining these two seemingly incompatible approaches. Little is known about how these 'dual' psychotherapists think about integrating the two paradigms. This study sought to understand how these practitioners theorise their use of the exercise programme in couple work and thereby address this gap in the current field of knowledge.

A qualitative methodology, including data analysis through interpretative phenomenological analysis (IPA), was completed with 10 participants in order to explore this under-researched area. Four superordinate themes with 14 subordinate themes were generated. Superordinate themes were: *accessing anxieties about sexuality; facilitating couple development; working with possible manifestations of aggression;* and *challenging couple psychotherapists*. The discussion of the results highlights psychoanalytic theories, mostly Winnicottian, informing participants' perceptions of couples' responses to sensate focus, the value that this intervention adds to the talking therapy, and participants' assessments of contraindications for its use. The question as to whether there might be a 'home' for sensate focus within psychoanalysis is debated. It is proposed that the bodily intervention might be viewed as "interpretive action" (Ogden, 1994, p. 220).

The study also indicated that participants had significant concerns about the inadequacies of professional trainings. These concerns included the avoidance of sex in psychotherapy and the teaching of sensate focus as a predominantly behavioural programme, universally applied to clients without due regard to its emotional-relational impact on partners. Finally, the study's limitations are discussed and recommendations for action are offered.

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ABBREVIATIONS

BASRT	British Association for Sexual and Relationship Therapy (now COSRT)
COSRT	College of Sexual and Relationship Therapists, UK
FDB	Family Discussion Bureau, London, UK
GT	Grounded theory
IPA	Interpretative phenomenological analysis
MJI	Masters and Johnson Institute, Florida
NHS	National Health Service, UK
RBRF	Reproductive Biology Research Foundation, St Louis, USA
TA	Thematic analysis
TCCR	Tavistock Centre for Couple Relationships, London, UK (now TR)
TIMS	Tavistock Institute of Marital Studies, London, UK (now TR)
TR	Tavistock Relationships, London, UK
UEL	University of East London, UK
UREC	University Research Ethics Committee, University of East London, UK

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CHAPTER 1 INTRODUCING THE STUDY

1.1 Placing the study in context: the researcher's personal motivation

The title and topic of this study were inspired by the rather mysterious, perhaps inexplicable reality of current psychotherapeutic practice in the UK, which is that couples experiencing sexual problems and seeking professional help must choose between psychodynamic couple psychotherapy, which focuses on the psyche, and psychosexual therapy, which focuses on sexual behaviour and functioning. This separating out of mind and body in the treatment of sexual difficulties risks perpetuating an unsatisfactory service for clients who may not be in a position to make informed choices. However, joining up minds and bodies in couple work is a professional challenge, as elaborated in section 1.2. This challenge is reflected in my own clinical experience, which provided the motivation for this investigation.

During my 23-year career as a sexual and relationship psychotherapist, I have become committed to the value of psychoanalysis as a way of understanding the complexity of human relationships and specifically the unconscious component of the multitude of sexual problems couples bring to therapy. However, this belief in psychoanalysis was not where I started. Following a midlife change of career I gained a diploma in counselling, which provided an introduction to psychodynamic theory and practice. My second qualification was a Postgraduate Diploma in Psychosexual Therapy from the Whittington Hospital and the South Bank University, London. This diploma programme was based on humanistic psychotherapy, drawing on several theoretical frameworks, behavioural tools, sexual anatomy, biology and medicine. I developed a keen interest in the medical and biological aspects of sexuality, including the impact of psychotropic drugs, illness, surgical procedures, childbirth and ageing on sexual response and the body, and had a number of papers published in professional academic journals (Pacey, 1999; 2004; 2005; 2008). Topics of these papers included the impact of the first baby on couples' sexuality, as well as female genital mutilation and circumcision. I also valued highly the therapeutic powers of the main behavioural intervention for couples, sensate focus (Masters and Johnson, 1970b), having observed its positive impact on partners' intimacy. Sensate focus, which is described fully in chapter 3, is a series of touching and caressing exercises carried out by clients at home. Alongside the clinical successes, I became increasingly aware that clients' reports of their responses to this

tactile intervention were highly complex: some couples could not do these exercises at all, and for myriad reasons others might do them partially, but not feel helped by the process.

I began to look to psychoanalysis to develop my understanding of the couple dynamics that were mobilised by the introduction of mutual touching exercises into the therapy. My first step was in 2004 when I moved to a psychoanalytically-orientated clinical supervisor. In 2010 I gained an MA in Attachment, Psychoanalysis and the Couple Relationship at Tavistock Relationships (TR), alongside undergoing my own psychoanalysis. In 2012, I embarked on the Professional Doctorate in Couple Psychotherapy at TR, a course which is validated by the University of East London (UEL). As I undertook this programme, I had the topic of sensate focus firmly in mind. The conundrum, however, was that as my interest in psychoanalysis grew, my interest in the biomedical aspects of sexuality declined, as evidenced by my writing an editorial suggesting that the medicalisation of sex was a barrier to intercourse (Pacey, 2008). My perception was that the industry's drive to over-medicalise sexual distress, as outlined in section 2.1, was further evidence of the mind-body split in both couple relationships and in the profession of couple therapy. I also noted that my clinical use of sensate focus had become infrequent. Making sense of these phenomena was a challenge. Why did one theoretical framework result in a marginalisation of the other in my practice? Why could I not be *both* a couple psychotherapist and psychosexual therapist? Furthermore, when recently I introduced the touching exercises with a couple, it created a "triangular space" (Britton, 1989, p. 86) for thinking about the partners' relationship in fresh ways. Importantly, it helped the clients make illuminating connections between their emotional-relational material and their sexual problems, as well as working with the conscious physicality of their sensual-sexual pleasure and displeasure.

As a researcher I looked to other 'dual' psychotherapists, that is, those qualified in psychodynamic couple psychotherapy *and* psychosexual therapy, to make sense of my own and their professional experience. My goal was to develop not only my clinical approach using the results of the study, whatever they might be, but also to influence the integration of mind, body and sexual relating in couple psychotherapy of all disciplines. It seemed to me that this might require revising training programmes that promote sensate focus as a purely behavioural tool to be universally applied to clients, as well as couple psychotherapy trainings that unthinkingly avoid the topic of sex.

Additional factors influencing my motivation to carry out this study include the backcloth of professional fragmentation in psychosexual therapy, which is touched on in section 2.1, and the general dearth of research undertaken in my profession. My own experience is that sex therapy has inadequate theoretical foundations and is at risk of professional stagnation, a view reflected by others including Kleinplatz (2003) and Binik and Meana (2009). Kleinplatz also makes the point that the focus of sexual medicine remains the alleviation of symptoms rather than enhanced sexual relations. In the same paper, she criticises the psychoanalytic approach for being costly and time-intensive. I would add that anecdotal evidence suggests that contemporary psychotherapy and sensate focus seem to suffer from misunderstandings and misconceptions *within* the profession as well as outside it (Levine, 2009; Berry, 2014). These realities create an argument for greater theoretical integration of mind, body and relationship in couple psychotherapy, particularly when sex is the main presenting issue.

This concludes my personal statement, which is an attempt to "declare my personal, intellectual and professional allegiances" (Hewison, 2004, pp. 5-6) and be transparent (Yardley, 2000). I believe that I am part of the field of the study and therefore I must own my perspective. From here I move away from writing in the first person and adopt a third-person position, using "the researcher", rather than "I", endeavouring to apply a degree of objectivity during the writing of the thesis. This decision is part of an overall strategy of "epistemic objectivity" (Searle, 1995, cited in Britton, 2004, p. 51) or dispassionate judgment, in order to help me identify and manage researcher bias during the project, as discussed further in subsection 5.6.4.

1.2 Placing the study in context: the debate about treatments for sexual relationship problems

There is a live, worldwide debate between two different approaches in the treatment of unhappy sexual relationships. In perhaps overly simple terms, the first, psychodynamic couple psychotherapy, targets the *mind* by focusing on partners' shared conscious and unconscious anxieties, defences and phantasies. Attending primarily to emotional-relational, mental factors, psychodynamic couple psychotherapy appears to separate out mind and body in sex, rather than holding them together and maintaining a tension between them. Arguably this neglect or avoidance of the physical aspects of sex partly

explains the rise of behavioural sex therapy in the past 50 years. By contrast with psychodynamic couple psychotherapy, psychosexual therapy targets the *body* and works with partners' sexual behaviour and responses, their physical interaction, or lack of it, and their genital functioning. Thus a psychosexual focus risks an over-emphasis on sexual performance at the expense of the emotional-relational component of sexual encounters. This body-mind split between the two approaches persists in the 21st century, both within the profession of psychotherapy and outside it, as pharmacology seeks to treat some sexual problems without reference to, or understanding of, relationships. This lack of integrated practice in sexual matters may have created a confusing picture of therapies on offer to distressed couples who are anxious about sex.

There are signs of change in the profession. In recent years a visible trend has developed, whereby a small number of psychodynamic couple psychotherapists are incorporating sex therapy tools into their practice (Green and Seymour, 2009; Caruso, 2011). Of particular relevance to this study is their use of sensate focus, which is the mainstay of couple work in psychosexual therapy and is described fully in chapter 3. When introducing this programme of caressing exercises, the therapist instructs the couple to make time at home for tactile experience, to engage with their bodies and to make physical contact without words; this creates an affective context of prescribed intimacy, even before the end of the therapy session. At face value, psychoanalysis, with its no-touch imperative (Freud, 1915), seems at odds with this psychosexual intervention, which brings the sense of touch explicitly into the work. In the realm of psychodynamic couple psychotherapy, sensate focus has traditionally been considered an alien approach to and a concrete way of thinking about sexual problems. It is tantamount, as eminent psychoanalyst Donald Meltzer once said, to "monitoring the mating" (Clulow, 2013). On the other hand, psychoanalysis alone may not adequately help couples improve their sexual relationships (Kaplan, 1974; Feigelson, 2012; Clulow, 2018). The debate continues. A brief history of the interplay between psychoanalysis and sexology, outlined in section 2.1, highlights the continuing professional ambivalence about treating sexual difficulties.

Little is known about the small group of couple psychotherapists who appear to be integrating both paradigms. Their practices beg many questions about the thinking processes, experiences and perceptions that inform their use of sensate focus with couples. Does the behavioural element of the therapy bring to the fore aspects of the

couple relationship that the insight-oriented sessions do not? Are there specific psychoanalytic theories that further these psychotherapists' understanding of the possible role of sensate focus in linking mind and body in couple psychotherapy? Whether therapists have ever achieved integration of the mind, body and relationship when attempting to help adult couples is a moot point. Be that as it may, these questions form part of the background to this study.

1.3 Clarifying terms used in the thesis

1.3.1 Using terms interchangeably

Throughout this thesis some terms are used interchangeably. This is because clinicians described their lived experience and professional identity differently, as shown in table 6.3; there is also some debate but no consensus on the definition of some of these terms in the psychosexual literature. This strategy on terminology is intended principally to create variety for the reader. Terms used interchangeably, unless otherwise specified, include:

- *psychosexual therapy* and *sex therapy*
- *sexual and relationship psychotherapist, psychosexual therapist* and *sex therapist*
- *couple psychotherapy, couple therapy* and *couple work*
- *psychodynamic couple psychotherapist, couple psychotherapist* and *couple therapist*
- *psychotherapist, therapist, clinician* and *practitioner*
- *sexual dysfunction, sexual disorder, sexual problem* and *sexual difficulty*
- *participants* and *respondents.*

For brevity, variety and convenience, the term 'homework' is also used as a synonym for sensate focus exercises throughout the thesis. However, any sense of obligation or expectation conveyed by the term is unintended. Nevertheless, some clients might unconsciously or consciously perceive the exercises as an unwelcome task or chore, or they may relate to it as the hoped-for solution to their problem.

1.3.2 Using gendered pronouns

Since much of the discussion of psychoanalytic theory in chapter 7 refers to the

mother-infant dyad, generally the pronoun ‘she’ is used to denote the mother and the pronoun ‘he’ to denote the infant or child. This is for the sake of clarity for the reader and is not intended to imply a theoretical focus on male babies, nor that biological mothers are universally the main caregivers of infants. As most psychotherapists in the UK are female, the pronoun ‘she’ is also used when referring generally to therapists and ‘he’ is used when discussing hypothetical patients; ‘he’ or ‘she’ is used as appropriate when discussing individual participants.

In chapter 6 which describes the inquiry’s results, the case vignettes drawn from interviews explicitly included heterosexual and same-sex couples, male and female. Participants in this study did not specify other LGBTQ clients, that is people who describe themselves as bisexual, trans, or queer or any other non-heteronormative term, and so they do not appear in the results.

1.3.3 Using the adjective ‘dual’

In this inquiry the use of the adjective ‘dual’ describes the research sample and denotes psychotherapists who are qualified and practise in both psychodynamic couple psychotherapy *and* psychosexual therapy.

CHAPTER 2 PSYCHOANALYSIS, PSYCHODYNAMIC COUPLE PSYCHOTHERAPY AND SEX

To place current practices in couple psychotherapy and psychosexual therapy in historical perspective, it is helpful to return to Freud.

2.1 Psychoanalysis and sex: a brief history of the relationship between the two

During the first half of the 20th century until the late 1960s Sigmund Freud and his theories dominated the field of psychological treatments for sexual distress (Berry, 2014). During this period his influence in the field of sexual medicine was pervasive, as evidenced by the fact that most clinicians treating sexual problems were psychiatrists working within a Freudian model (Berry, 2013). His major theories of infantile sexuality, three-phase (oral, anal and genital) sexual development and the Oedipus complex provided psychogenic explanations for sexual problems (Freud, 1905b). Of particular note, Freud (1923, p. 26) conveyed his acknowledgment of the inseparability of mind and body through his widely quoted comment that "the ego is first and foremost a bodily ego," adding the statement that "the ego is ultimately derived by bodily sensations, chiefly from those springing from the surface of the body … representing the superficies of the mental apparatus", thereby linking sensations of the body surface to ego integration.

Exploring the mind-body connection in Freudian theory, Colman (2009) suggests that the notion of *libido* was conceived by Freud as a bridge between psyche and soma, as he sought to discover a physical basis for psychic life. Libido, suggests Colman, was a sophisticated form of the sexual instinct and the driver of psychological organisation. In Freud's view (1917, p. 258), libidinal energy was the psychic equivalent of the impulse in the neurone; he did not know how this transition was made from body to mind and vice versa; he referred to it as a "puzzling leap", which was famously re-named the "mysterious leap" by Deutsch (1957, p. 160). Freud understood adult sexual symptoms as indicators of underlying neuroses and psychopathology, stemming from interference in early psychosexual development and unresolved Oedipal dilemmas. His treatments for sexual dysfunction therefore targeted the mind, not the body.

Before and during Freud's pre-eminent period of the early decades of the 1900s, a

number of key thinkers provided an important backcloth of sexual science for his theories. Among these theorists was psychiatrist Richard von Krafft-Ebing (1886), whose major work, *Psychopathia sexualis*, described many of the scientific assumptions about sex of the time, and contributed greatly to the late 19th century discourse on pathological psychosexual conditions. According to Waldinger (2008), sexology was developed mainly at this time by German psychiatrists at Berlin's famous Institut für Sexualwissenschaft (Institute for Sexual Research) until 1933, when it was destroyed by the Nazis. Outstanding scholars of the era also included British physician, Havelock Ellis (1897-1928), who produced *Studies in the psychology of sex*, a six-volume encyclopaedia of human sexual biology, behaviour and attitudes. Ellis' work represented a significant advance in sexual science, extending the application of psychology to sexual dysfunction and fostering greater social openness about sex.

In the aftermath of World War II, interest in sexology was revived in the USA, now by non-medically trained scientists, among whom was biologist and sexual statistician, Alfred Kinsey (Waldinger, 2008). Kinsey (1948; 1953) and his colleagues conducted the first large-scale surveys of American sexual behaviour. In so doing Kinsey shocked the nation with his findings of widespread masturbation, extramarital affairs and homosexuality, provoking a sexual revolution despite fierce opposition from "the guardians of American morality" (Sheldon, 2008, p. 22). A decade or more later, when William Masters and Virginia Johnson (1966) published the results of their 11-year study of sex, *Human sexual response*, triggering the publication of a range of behavioural treatments in a book entitled *Human sexual inadequacy* (1970), they did so amid a sociocultural wave of freedom and permissiveness following the sexual liberation era of the 1960s. The new ideals of this revolution proclaimed "spontaneity, sensuality and rejection of restrictive inhibitions" and a "liberation of the body" (Goodwach, 2005, p. 157). It is noteworthy, however, that in the late 1980s, celebrated sex therapist Kaplan (1987, p. 14) continued to refer to "our sexually repressed society", perhaps highlighting the co-existence of widely varying attitudes and psychosocial phenomena affecting sexuality and sexual mores in the USA.

By the 1970s, as Masters and Johnson's behavioural therapies gained momentum and popularity, most psychiatrists of the 1950s and 1960s who had trained in psychoanalysis lost interest in treating patients with sexual disorders (Waldinger, 2008). One eminent practitioner, however, succeeded in combining Freudian analytic thinking with the new

bodily approaches in her clinical work. As noted above, this was Helen Singer Kaplan, a psychiatrist and psychoanalyst with a keen interest in behavioural science, who pioneered an integrated psychoanalytic-behavioural sex therapy in the 1970s and led the field for two decades until her death in 1995 (Saxon, 1995). Interestingly the later theories and practice of both Masters and Johnson (Kolodny, 1981) and Kaplan (1995) suggest that they would only treat sexual problems within a *couple* framework.

Kaplan's published work remains an important training resource in sex therapy today (Goodwach, 2005). Her ascendancy coincided with psychoanalysis' apparently declining interest in sex, as object relations and the mother-infant dyad replaced Freudian libido and three-person sexual rivalries as the principal paradigm (Fonagy, 2009). The move away from Freud in the UK was largely due to the powerful influence of Melanie Klein, who took the Oedipus complex away from the heterosexuality of parents and the innate drive of young children to displace the opposite-sex parent, to a much earlier phase, that is, infancy, and the infant's developmental challenge of integrating the loved and hated breast.

In the mid-1990s, after Kaplan, the behavioural and biological aspects of sexual performance became the treatment target of pharmaceutical companies who "suddenly realized the enormous potential financial consequences of sexual-enhancing drugs for mass consumption" (Waldinger, 2007, p. 35), exemplifying a prevailing reductionist view of sexual distress in the industry (Rowland, 2007). In the late 20th century, however, disenchantment with the limitations of behavioural techniques was emerging *within* the sex therapy field and this was compounded by a growing awareness of the more complex aetiology of sexual difficulties (LoPiccolo, 1994). These factors, combined with a backlash against the symptom-focused pharmacological treatment model epitomised by Viagra (Tiefer, 2006; Waldinger, 2008), led to the conception of a biopsychosocial paradigm for treating sexual disorders (McCabe *et al.*, 2010). Importantly, pharmacotherapy's possible threat to the place of psychotherapy in the treatment of sexual problems did not materialise (DeRogatis, 2007; Rowland, 2007). Instead, a continuing place for psychotherapeutic treatments of sexual disorders has been confirmed, despite the lack of evidence-based outcome studies in this field (Waldinger, 2015). Moreover, there has been some renewed interest in sex in the field of psychoanalysis and psychodynamic couple psychotherapy (Fonagy, 2009), as discussed in sections 2.2.3 and 4.4.

A more detailed history of the relationship between psychoanalysis and sex therapy is outside the scope of this thesis. However, the interested reader will find full accounts of this topic in Goodwach (2005), Waldinger (2007; 2008) and Berry (2013; 2014).

2.2 Conceiving psychodynamic couple psychotherapy

2.2.1 Post-war beginnings

Psychodynamic couple psychotherapy in the UK dates back to 1948 when Enid Balint (then Eichholz) founded the Family Discussion Bureau (FDB), which was renamed periodically over the decades and is today Tavistock Relationships (TR). The original purpose of the FDB, an offshoot of the Family Welfare Association and supported by senior psychoanalysts at the Tavistock Clinic, was to study problem marriages and train caseworkers to counsel couples and displaced, traumatised families in London in the aftermath of World War II (Bannister *et al.*, 1955). As a welfare worker and subsequently psychoanalyst, Balint recognised the pivotal role of the marital dyad in the emotional security of family life and understood the centrality of unconscious as well as conscious motivations in spouses' ways of relating (Sutherland, 1954). Balint (1968) also acknowledged the central role of sex in couple interaction. The FDB's development of a psychodynamic approach to couple therapy was elaborated in three early books (Bannister *et al.*, 1955; Bannister *et al.*, 1960; Bannister and Pincus, 1965).

Soon after the founding of the FDB, circa 1949, Henry Dicks was also conducting studies of marriage within a specialist unit in the adult department of the Tavistock Clinic, London. The results of his unit's research were published extensively in the 1950s and culminated in the publication of Dicks' book, *Marital tensions,* in 1967. While little has emerged since then, the key point is that by the mid-1960s, the marital dyad had become a focus of research and psychotherapeutic action in its own right. These two units, the social work-oriented FDB and the relationally and medically oriented marital group in the Tavistock, were the platform for subsequent developments in psychodynamic couple psychotherapy. Evolving theories from the two research-based centres illuminated the dynamic tension between individual development and the couple relationship throughout the life cycle (Scharff, 1993). In 2018, 70 years later, the psychosocial and political consequences of marriage or partnership breakdown, especially its impact on children, remain an acknowledged challenge to society (Kahr, 2012).

To advance their understanding of the psychological functioning of couples, Balint, Dicks and their contemporaries drew on 'cutting edge' Kleinian theories of the infant-mother relationship, namely the baby's use of his mother as an internal object, and projective and introjective identification (Scharff, 1993). Balint's group were strongly influenced not only by Kleinian object relations, but also by other eminent object relations theorists, including Winnicott, Michael Balint, Fairbairn and later Bowlby. The development of the object relations school in the UK since the 1930s "made a subtle but profound shift in the understanding of human behaviour" by moving away from Freudian instinct theory, as described in section 2.1, focusing instead on the mother-baby unit and seeing the individual as primarily motivated to seek relationships (Ruszczynski, 1993, p. 198).

By the 1990s, under the banner of the Tavistock Institute of Marital Studies (TIMS), psychoanalytic-psychodynamic theories of couple relationships and clinical practice grew in sophistication thanks to the post-Kleinians. Key contemporary concepts are outlined in subsection 2.2.2 below.

2.2.2 Understanding the couple relationship: fundamental concepts

A review of the theories informing modern couple psychotherapy suggests that there is a strong, possibly too strong, dependence on Kleinian object relations, which debatably illustrates a non-sexual reading of human development applied to couple work. Take the key concepts applied to adult relationships. These include the two Kleinian developmental positions, the paranoid-schizoid and the depressive constellations; projective and introjective identification; the marital fit and the unconscious contract; and transference and countertransference (Ruszczynski, 1992).

Firstly, the central tenet of psychoanalysis and couple psychotherapy is that human behaviour and experience are driven by unconscious as much as conscious motivations. Internal object relations, formed in the earliest months, are unconscious and influence powerfully how adult couples behave, think and respond to each other:

> From the very beginning, the infant is a subject taking the mother as his object of attachment. But the mother in her own right is also a subject and takes the infant as her object of care and concern. A complex interaction, therefore, goes on between the two, and within that, adaptive and defensive processes of each

> are geared in with those of the other and have to function in relation to the other (Bannister and Pincus, 1965). The nature of this first object relation becomes a prototype for all subsequent childhood and adult relationships. (Ruszczynski, 1993, p. 200)

As this quotation suggests, in the intensity and intimacy of long-term adult sexual relationships, partners reconnect with their infantile experience, positive and negative, and re-enact their object relations in their daily verbal and nonverbal interaction (Ruszczynski, 1992).

Klein's notion of two positions of mental development, the paranoid-schizoid and the depressive positions, are at the core of contemporary psychodynamic couple psychotherapy (Ruszczynski, 1992). The paranoid-schizoid position concerns the anxieties of the infant's *first months of life* and his primitive object relations, that is, to part-objects such as the breast, or a hand, but not yet to the whole mother as a person. The baby is striving to cope with his innate life and death instincts, as well as the good, loving exchanges and the bad, rejecting experiences with his mother or environment (Ruszczynski, 1992). The defences developed during this phase of growth are splitting off and projecting the anxiety-making experience, along with parts of the self. The latter risk becoming disowned by the individual, limiting his potential development and his relationships as he grows (Ruszczynski, 1993).

In the depressive position, evolving in the *second half of the first year*, the baby's capacity to manage both good and bad experiences with his mother is more developed and he begins to understand that the object of his love and hate is the same person, and that he himself is capable of both emotions. As a result he feels guilt and concern that his hate might damage his loved and needed caregiver, leading to his loss of her (Ruszczynski, 1993). The nature of his anxiety at this point is depressive and a healthy ambivalence emerges, which is regarded in Kleinian psychoanalysis as the beginning of integration and psychological maturity. Integration is never wholly achieved by any human being; movement between the two Kleinian positions is lifelong. In adulthood therefore stressful and traumatic events tend to propel partners back into paranoid-schizoid anxieties and defences, in which conflict and blame predominate and may not be managed or resolved by the couple alone. Dysfunctional couples presenting for therapy are likely to be operating mostly in the paranoid-schizoid position. A positive therapeutic outcome for such clients might be the partners' increased capacity to relate

in the depressive position and therefore in psychologically healthier ways (Ruszczynski, 1993).

As touched on in subsection 2.2.1, Klein's (1946) concept of projective and introjective identification is the mainstay of couple psychotherapy. Initially regarded as a (shared) defence, projective identification emanated from Klein's (1946) discovery of schizoid mechanisms operating in primitive life. In adult couples, these forces continue to operate unconsciously, with each partner acting as a repository for the other's projections. According to Ruszczynski (1992), choice of partner is based partly on the individual's need for a fitting receptacle for his or her projections and disowned aspects of self, which may be loved, rejected or criticised by the other. The receptiveness of each partner to the other's projections is the couple's "marital fit", which "consists of shared phantasies and shared defences" (Ruszczynski, 1992, p. 36). Operating an unconscious contract*,* which has both developmental and defensive possibilities, spouses respond or react to the other's needs and together achieve a kind of homeostasis, a dynamic but limiting and limited shift between satisfaction and conflict or tension (Balint, 1968). Thus psychodynamic couple psychotherapy focuses on the ways in which the unconscious, internal worlds of two partners dovetail with and mutually influence one another (Balint, 1968) and assesses how defensive, dysfunctional or collusive their shared anxieties and defences seem to be.

If uncaring, blaming and harsh behaviour predominates, a couple's shared internal object relations may be markedly distorting their perceptions of the external world, including their partner, leading to excessive defensiveness or idealisation and denigration in their relationship. This type of relating is typical of the paranoid-schizoid position, which is characterised by persecutory phantasies. As the relationship with the therapist grows, couples may become more capable of relating in the depressive position. At these moments, by talking about and interpreting the couple's dysfunctional ways of relating, the psychotherapist helps the couple become conscious of and understand their "unconscious manoeuvrings" (Ruszczynski, 1992, p. 40). These interventions enable the couple to take back and own their projections and modify the ways they interact:

> By locating the split-off parts and disowned aspects of the self in the other, the

> partner has the opportunity to live close to that which has been felt to be unmanageable. … In doing this each partner modifies the internal world of the other and allows the other to move towards a greater degree of integration. (Ruszczynski, 1992, p. 37)

Thus it is the interaction between partners, their relationship, which is the patient in couple psychotherapy.

Identifying the transference, that is, feelings about early life figures (usually parents) that are transferred unconsciously to the partner or psychotherapist, is fundamental in understanding couple dynamics. Transference operates in partners' daily interactions, which are often unspoken and conveyed in facial expression, gestures or in other body language (Balint, 1968). Transference also underpins couples' unrealistic hopes, expectations, wishes and fears about their partnership (Balint, 1968). In couple psychotherapy, it is the "marital transference", that is, the couple's "shared internal images and object relations, which determines partners' shared concept of being 'a couple'" (Ruszczynski, 1992, p. 40). The therapist's interpretation of the marital transference is the primary tool for bringing about change in couple dynamics.

The use of countertransference, that is, the responses evoked in the therapist during a session, is also an essential tool in couple psychotherapy, as discussed further in subsections 6.4.3 and 7.6.3. Using her countertransference means that the therapist remains alert to her feelings and how she is reacting to the patient during the therapy hour. This modern definition of countertransference has evolved significantly since Freud's (1910) first use of the term as the analyst's unconscious resistance to exploring aspects of the patient's psychopathology that were problematic in the analyst's own psyche. With advances in psychoanalytic theory, including Paula Heimann's (1950) seminal paper "On countertransference", Wilfred Bion's (1962) concept of container-contained and Betty Joseph's (1985) idea of the total transference operating in the therapy room, definitions of countertransference have been open to debate for decades (Laplanche and Pontalis, 1983). In couple psychotherapy, the therapist's subjective experience is thought to be a symptom of primitive projective identification processes (described earlier in this section) operating at the time, and is seen not only as the client's defence mechanisms, but also as an unconscious communication from couple to therapist. The proposition is that the "recipient of the projective identification is affected by it, such that he can experience whatever is projected into him" (Carpy,

1989, p. 288). From this perspective, the couple provoke their expected relational responses in the therapist, who consciously contains that which has been projected by the partners, reflects on and detoxifies it, as described in Bion's (1962) concept of the mother's rêverie. The clients can then re-ingest, digest and process the experience which has become manageable.

Another perspective is that the countertransference is *at least* partially the therapist's own transference to the couple. For this reason maintaining awareness of her subjective self and tapping into her psychological self-knowledge are a constant challenge to the therapist; the dynamics of a session are never 'pure', never 'either or', but muddied and messy. The analyst needs to remain open to self-observation as well as observing the client couple, taking cues from all parties and remaining internally integrated, interpreting material in a way that fits the unfolding therapeutic process. In all these ways the therapist's use of her subjective self can be developmental for the couple.

Although this summary might appear to be a lengthy digression from the topic of this thesis, it illustrates a lack of direct theorising about sex. Ultimately all of the brilliant Kleinian concepts described above fail to capture or think about human psychosexual development per se. Perhaps the only intercourse that couple psychotherapy addresses is wholly at an unconscious level, with projection and introjection of psychic content standing in for sex and the transmission and intermingling of bodily fluids. Perhaps psychodynamic therapy treats psychic not sexual intercourse, as discussed in the next subsection.

2.2.3 Sex in psychodynamic couple psychotherapy

It is probably fair to say that since its beginnings in 1940s post-war London, psychodynamic couple psychotherapy in the UK has never truly incorporated sexuality in a full-blooded way. That said, there have been flurries of interest, particularly in the past decade. Scanning 13 landmark books on theory and practice from the FDB, TIMS and TR between 1955 and 2014, authors' interest in couples' sexuality is sporadic. In some books, sex is virtually omitted: for example, in Mattinson and Sinclair (1979), Ruszczynski and Fisher (1995), Fisher (1999) and Clulow (2001). By contrast, in others such as Bannister *et al.* (1960), a wide variety of sexual issues from dislike of sexual intercourse to sexual anxieties in childhood are featured. It is not until Green and

Seymour (2009) and Caruso (2014a), however, that chapters about couples' sexual relationships include psychosexual therapy and address the physicality of adult sex.

Historically psychodynamic practitioners have tended to think about sexuality in metaphorical and symbolic terms and interpret common problems such as erectile dysfunction and vaginismus as manifestations of shared somatised defences to ward off emotional-relational anxieties. More often than not, the couple psychotherapist "interprets away from" sex and seeks to understand the meaning of, say, a physical symptom in one partner in terms of the couple's relatedness to the object (Colman, 2009, p. 26). Sex is therefore more likely to be thought about in terms of being a stepping stone into the emotional world of the couple, instead of thinking about the significance of a bodily sexual relationship in its own right. The attention of the psychodynamic couple psychotherapist is on the sea of unconscious processes operating between partners at any time, with merely a nod to partners' conscious sexual dissatisfaction. For the psychosexual therapist, however, the treatment focus is on the couple's conscious feelings, sensations and physical interaction of a sensual and sexual nature, with a less overt exploration of the couple's unconscious interaction.

An example of this difference between psychodynamic and psychosexual approaches may be drawn from Grier's (2001, p. 201) notion of "no sex" couples. In his chapter, Grier offers clinical vignettes of three couples and writes a fascinating and convincing account of his clients' unresolved Oedipal situation and his push to help them complete their working through of the Oedipus complex. However, it transpires from his clinical material that his definition of no-sex is firstly, a couple who have sex sporadically but not regularly; secondly, a couple who have had a good sexual relationship but have not resumed sex after childbirth, and thirdly, a couple who have a consistently active and satisfying sex life, a fact that surprises the author, who has assumed an absence of sex in their relationship. The fact that the third couple share satisfying sex is disclosed only several months into the therapy, presumably because the therapist did not enquire and because for the partners sex is not a problem. In psychosexual therapy, it is unlikely that any of these three couples would be regarded as no-sex, nor is it likely that a couple's conscious sexual relationship would be left unexplored for so long.

CHAPTER 3 SENSATE FOCUS AND SEXUALITY

3.1 Introducing sensate focus

Sensate focus, a cognitive-behavioural programme of mutual touching and caressing exercises, given as 'homework' to couples, has been the cornerstone of psychosexual therapy for nearly 50 years (Linschoten, Weiner and Avery-Clark, 2016). Although there are two earlier treatises on 'sensate' techniques, the first written by John Hunter (1786) and the second more advanced model by Joseph Wolpe (1958), it was William Masters and Virginia Johnson who developed and named sensate focus in their landmark book, *Human sexual inadequacy*. This book was published in 1970, following their 11-year study of human sexual dysfunction. Having devised the first brief, intensive treatment programme for couples presenting with sexual problems, Masters and Johnson claimed a treatment success rate of 75-80%, which was considered "impressive and enormously encouraging" (Belliveau and Richter, 1970, p. 3). Their research and techniques were ground-breaking and became highly influential in the field of sexuality, displacing psychoanalysis as the primary treatment model, and launching sex therapy as a discipline in its own right (LoPiccolo, 1994; Berry, 2013). Their approach to sexual fulfilment, however, was later criticised for being too focused on physical performance with little regard for the emotional and psychological side of relationships (The Daily Telegraph, 2013, p. 27). By separating body from mind in the treatment of sexual difficulties, this pioneering duo were in effect attempting to divide the indivisible, a state of play that arguably has changed little in the field of couple psychotherapy since the 1970s, as discussed in chapter 1.

3.2 Clarifying the concept of sensate focus

3.2.1 Defining sensate focus

The centrepiece of Masters and Johnson's work, sensate focus is defined today as:

> … a hierarchy of invariant, structured touching and discovery suggestions … and … a diagnostic and therapeutic tool for identifying psychological and relationship factors that contribute to sexual difficulties, and for teaching new skills to overcome these problems and to foster more meaningful sexual intimacy. (Weiner and Avery-Clark, 2014, p. 308)

The following details of the intervention are based on three sources: the 'translation' of Masters and Johnson's techniques by Belliveau and Richter (1970), the researcher's clinical experience and updates by Weiner and Avery-Clark (2014). In the *first phase*, regardless of type of sexual problem, the couple explores their own sensory experiences in turn while naked together and in the complete privacy of their own room, avoiding times of tiredness and stress. Ideally in modern practice the couple would do this exercise two or three times a week. One partner caresses the other, focusing on his or her own sensations and responses. No breasts or genitals are touched at this stage; sexual stimulation and intercourse are out of bounds. The partners then change roles. They make note of their experiences of texture (warm, cold, smooth, rough) and of all the senses whether positive or negative and discuss them with the therapist in the following session. The new phase or step is not introduced until the couple succeeds at the current one. In this first phase, the therapist aims to help partners minimise "spectatoring", a dissociative state, triggered by performance anxiety and fear of sexual failure, in which the individual is distracted from sexual stimuli because, for example, he is focusing anxiously on the strength of his erection (Masters and Johnson, 1970b, p. 11). The important first phase is intended to be an experience in itself, which is not a prelude to sex or a form of foreplay, as discussed later in section 7.3.

In the *second phase*, touching now includes exploration of breasts and genitals without deliberate stimulation. Both partners continue to develop their awareness of their own physical sensations and avoid thinking about expectations of achieving a particular sexual response. Neither partner assumes responsibility for the couple's sensuous responses. The couple is asked to make no effort to reach ejaculation or orgasm. However, some experience of pleasure is a good result. Sexual intercourse remains off-limits. The *third phase* of the treatment is designed to address a particular problem, such as erectile dysfunction or vaginismus, and so other physiological interventions may be included. The couple may move gradually over many sessions to mutual masturbation, partial penetration and vaginal containment (penetration without thrusting), and then finally thrusting to orgasm.

3.2.2 Correcting the confusion over goals and implementation of sensate focus

Confusion about Masters and Johnson's conceptualisation and implementation of their most famous treatment developed rapidly after the publication of *Human sexual*

inadequacy (Masters and Johnson, 1970a). Controversy over its underlying message that sex was 'natural' was also widespread. According to Weiner and Avery-Clark (2014), who are both graduates of and formerly clinical staff at the Masters and Johnson Institute (MJI), Florida, the goals of sensate focus and instructions on its use were poorly communicated initially. So much so that a 'translation' of Masters and Johnson's text into plain language was written and published in the same year as the original (Belliveau and Richter, 1970).

As the founders' clinical experience grew over the years, the design of the intervention evolved significantly, and at their 25th anniversary event, Masters and Johnson made two major amendments to the *initial phase* of the exercises. These changes were incorporated into MJI's training materials in the 1980s (Kolodny, 1981), but failed to be disseminated beyond the comparatively few professionals who attended conferences or were involved in training and clinical work at the Institute (Weiner and Avery-Clark, 2014). The amendments are of particular import to this study; they are first that each partner in turn aims simply to *touch*, thereby discounting an earlier principle of *pleasuring the other person*; the second change was that the touching partner is invited to focus on *his or her own sensations of touch* and *not* the sensations or pleasure of the touched partner. The revised aim now encourages each individual to become absorbed in his or her own sensory experience, developing an attitude of touching for his or her own interest (Weiner and Avery-Clark, 2014). The first phase is intended to be *an experience in itself, for the self.*

Today the misunderstanding that the early assignment is aimed at pleasing and pleasuring the partner is widespread, whereas the objective is to focus on the experience of touching and being in the tactile experience (Linschoten, Weiner and Avery-Clark, 2016). Interestingly, Kaplan (1987, p. 29) made the error described above, making pleasuring the aim of the first phase of treatment, and did not amend her approach. In addition the confusion over the goal and nature of the first phase of the prescribed exercises may have contributed to the proliferation of alternative prescriptions by practitioners. Therapists of various theoretical orientations have modified the intervention; for example, Schnarch (1997) and Zeitner (2013).

3.2.3 Confirming the rationale and techniques underpinning the first phase

The first phase of sensate focus is often the most challenging and most rewarding phase for couples (Scharff and Savege Scharff, 1991). If, however, the fundamental skills of self-awareness at a sensory level are not learned, then a successful outcome of the exercise programme is unlikely (Weiner and Avery-Clark, 2014). The important, initial goal is for partners to minimise untenable, felt pressure to have sex or respond sexually in a particular way. Masters and Johnson's research in the 1960s demonstrated paradoxically that redirecting partners' attention onto sensory experience moment by moment by their engaging in voluntary behaviour such as caressing allowed sexual feelings and physical responses to occur naturally. According to Weiner and Avery-Clark (2014, p. 310), "the sensory level of experience is the gateway to [the couple's] long-term goals of sexual arousal, pleasure and intimacy". Masters and Johnson were aware that the physiological and emotional sexual responses, for example desire, arousal and orgasm, are not under voluntary control: an individual cannot force these responses at will. Sexual response is controlled by the autonomic nervous system and is a natural function of anatomy, biochemistry, physiology and other processes, the functioning of which can be altered negatively by anxiety and stress (Bancroft, 1983; Linschoten, Weiner and Avery-Clark, 2016).

Nonetheless, the claim that sex was a natural function led to professional critics claiming that Masters and Johnson were in denial of the impact of psychosocial phenomena on sexual response (Tiefer, 1995; Iasenza, 2001). A rebuttal of these criticisms by Weiner and Avery-Clark (2014) is that firstly, sexual response is a natural process in the same way that breathing, sleeping and emotions are natural processes that are not under an individual's immediate control; and secondly, that the celebrated couple fully acknowledged the psychosocial aspects of sexuality.

A further criticism of sensate focus is that it ignores the importance of couple psychodynamics in both cause and cure of sexual dysfunction and dissatisfaction (Levine, 2009). Although Masters and Johnson were well aware of the emotional-relational component of sexual functioning, they chose not to work with the affective dimension of couple relationships, and held the view that within their short (two-week) treatment model, countertransference issues, for example, would not arise (Belliveau and Richter, 1970; Masters and Johnson, 1970b). Moreover, they claimed

that touch was an essential means of human communication, giving "meaning to sexual responsiveness for both men and women" and potentially conveying "tenderness, affection, solace, understanding, desire, warmth, comfort" to their patients (Belliveau and Richter, 1970, p. 103).

3.2.4 Comparing the original setting and the current therapeutic frame

Masters and Johnson originally conceived sensate focus as the primary intervention in a residential, two-week Rapid Therapy Programme for couples. These exercises were conducted twice daily by couples in their private room and were supported by co-therapy verbal sessions, sexual education and group discussions, all taking place at the Reproductive Biology Research Foundation (RBRF) in St Louis (Belliveau and Richter, 1970). Belliveau and Richter (1970, p. 73) state clearly that "the relationship between the partners is the patient," an approach that is in common with couple psychotherapy in the 21st century (Ruszczynski, 1992). Yet, as described above in subsection 1.5.3, the relationship was *not* assessed apparently, except in terms of partners' conscious communication of their physical responses to each other.

The brevity and intensity of the therapy offered by the RBRF, however, were a far cry from current practice in couple psychotherapy and psychosexual therapy in the UK. At Tavistock Relationships, for example, the working frame is a weekly session for an hour. This begs the question as to *how* and *if* the therapeutic effectiveness of the tactile intervention in contemporary practice has been limited by the marked differences in therapeutic setting and frame. This concern appears not to have materialised: a critical literature review in 2016 found that sensate focus was generally supported "as a validated and effective sex therapy procedure" (Linschoten, Weiner and Avery-Clark, 2016, p. 235). Decades after its launch, the intervention continues to be used by a large majority of practitioners in the field of sex therapy (Berry, 2014; Weiner and Avery-Clark, 2014).

3.2.5 Broadening the original patient population

The RBRF's patient population on the residential programme was almost exclusively white, middle class, financially stable, able-bodied, heterosexual, married couples (Belliveau and Richter, 1970). Today in the UK and USA, therapists working in the

field of sexology have developed the tactile exercises so that they can be used to treat a wide variety of clinical populations including but not limited to heterosexual, middle class couples (Linschoten, Weiner and Avery-Clark, 2016).

In concluding this chapter, it appears that sex therapists and psychodynamic psychotherapists alike have a lacuna in their concepts and practice, each offering the missing half of sexuality: physical and social on the one hand, and psychological and relational on the other.

CHAPTER 4 ATTEMPTS TO INTEGRATE MIND AND BODY IN SEXUAL RELATIONSHIPS

4.1 Introducing the literature searches

A review of the psychoanalytic and sex therapy literature relevant to the research question was first carried out in 2013. Since then, regular updates of published international literature were carried out until January 2018. During this five-year period, little new emerged. Importantly, the few relevant writings were mostly within the psychoanalytic canon, specifically couple psychotherapy. This is a striking fact, given two recent studies. Firstly, in Berry (2014), a large majority of 121 UK-based sex therapists reported using psychodynamic theories to inform their treatment of sexual problems. Secondly, a meta-analysis of literature on sensate focus (Linschoten, Weiner and Avery-Clark, 2016) found that many authors urged colleagues to think more about relationship dynamics and less about the physical aspects of sex. For reasons unknown, these psychosexual therapists' self-reports or perceptions of integrated theoretical thinking and clinical practice do not seem to be translating into published papers.

4.2 Defining search terms

The literature search was carried out as an iterative process. For example, key words were modified as useful terms in the literature were discovered. Primary search terms were *sensate focus, Masters and Johnson, skin-to-skin, psychological skin, skin boundary, embodied emotion, embodiment, sex therapy, psychoanalysis, psychosexual therapy, behavioural exercises, sensual exercises, psychodynamic, sensuality, body, attachment, caress, touch, concrete thinking* and *autistic-contiguous*, among others.

4.3 Reviewing the sex therapy literature

In the UK and USA sex therapy literature, it seems that there is scant coverage of psychoanalysis and sensate focus, either as separate or related topics. Take for example Sandra Leiblum's (2007) award-winning, final textbook, *Principles and practice of sex therapy*. A salient feature of this book is that in the introduction, Leiblum, a world-renowned psychologist and sex therapist, asserts that sex therapy is fundamentally couple therapy, yet no psychoanalytic theorist is in the bibliography of this textbook.

Similarly, Giraldi and Graziottin (2007), both medical sexologists and psychotherapists, say little about sensate focus, apparently dismissing it as a programme of behavioural, anxiety-reducing exercises that do not lead to improved orgasmic response.

Two paradigms dominate the extensive psychosexual therapy literature that includes sensate focus: these are cognitive-behavioural and behavioural-systemic. Among the former (cognitive-behavioural) are Bancroft (1983), Valins (1988), Hawton (1993), Zilbergeld (1993; 1999), Heiman (1994; 2007), Jones Goodwin and Agronin (1997), McMahon (2006), Ford (2010) and de Villers (2014); among the latter (behavioural-systemic) are Verhulst (1988), Crowe and Ridley (1990), Hertlein, Weeks and Gambescia (2009) and Weeks, Gambescia and Hertlein (2016). Of the cognitive-behavioural group, most focus on the symptom, the particular sexual dysfunction and the individual. Their messages about touching and sensate focus coach the man or woman in relaxation and pleasing a partner (Zilbergeld, 1993; Ford, 2010). Along with de Villers (2014), Jones Goodwin and Agronin (1997, p. 147) acknowledge the potential of sensate focus to evoke "strong emotional responses", but do not link these experiences to the unconscious couple relationship.

Behavioural-systemic therapists Crowe and Ridley (1990) suggest that the potential value of sensate focus is improved physical communication and reduction of performance anxiety. Although family and systems theorists consider the dyadic and intergenerational dimension of sexuality, their model is binary with no "third position" for mentalising (Britton, 1989, p. 88). Crowe and Ridley are also critical of psychoanalysis for being an unproven treatment model and having too long a duration. Heiman (2007), a renowned sex researcher and former director of the Kinsey Institute, Indiana University, is one of few authors who discuss sensate focus in behavioural terms *and* apply psychoanalytic theories to anorgasmia in women. However, this author makes no link between the two and no link to the couple relationship.

In a revised edition of their systemic sex therapy manual, Weeks, Gambescia and Hertlein (2016, p. 2) set out their "intersystem sex therapy approach" to treating couples who experience sexual problems. Their approach has five domains: individual biology, individual psychology, the dyadic relationship, family-of-origin influences and sociocultural environment. For these authors, the sex therapist must be a competent couple therapist who can recognise underlying relational issues affecting couples'

sexual expression. Their couple-oriented treatment is integrated and differentiated from the individual symptom-focused, behavioural approach which, they suggest, is common in sex therapy training and practice. The authors' systemic perspective, with its "coherent theoretical foundation" (p. 2), requires partners to cooperate in identifying and resolving their shared sexual problem, especially in homework assignments such as sensate focus, in which the aim is for *both* partners, not just the symptomatic partner, to reap some affectional, sensual or sexual benefit.

In this recently published manual, Weeks, Gambescia and Hertlein (2016) devote a whole chapter to sensate focus and its application. In their minds, this behavioural intervention is designed to break the cycle of avoidance, or "negative reinforcement" (p. 157), in a relationship. The tactile exercises, these authors assert, are much more challenging than they might seem initially, not only to the therapist in designing an appropriate first step for the couple, but also to the couple who are anxious about physical intimacy. The authors advise that Kaplan's (1987) steps might be too ambitious for many couples who are then set up for failure. Starting slowly, by holding hands for example, with minute increments in the tasks, is paramount. Along with Brooks (1994), Weeks, Gambescia and Hertlein (2016) are unusual in identifying the important, early goal of the tactile exercises in developing self-awareness in the presence of another, as described in subsection 3.2.2 of this thesis, and in gradually enabling the couple to connect with their own sensual feelings.

The chapter on sensate focus described above is illuminating and comprehensive in its coverage. The clinical examples, however, highlight behaviour, anxiety-reduction and use of metaphor to persuade couples to engage with the homework. The authors state that they are thinking constantly about the reciprocal nature of the problem (Weeks, Gambescia and Hertlein, 2016). Although this is a credible claim, there is no clear connection made in the case examples between couples' responses to the exercises and the emotional-relational content of the presenting sexual problem. Moreover, the three authors emphasise the collaborative approach essential between therapist and clients when using sensate focus, but do not appear to consider the dynamics operating between therapist and the couple triggered by the introduction of the homework. In addition the tone of this chapter is didactic and highly prescriptive rather than open and exploratory.

4.4 Reviewing clinical integration in the psychoanalytic literature

There are few examples of attempts to integrate emotional-relational work and sensate focus in the psychoanalytic literature. A critique of these examples follows below in section 4.4.2. As background to the critique, it is fitting to consider factors which might be contributing to the lack of integration of mind and sexuality in psychoanalytic writing as well as why analysts may be wary of instructing their clients on the physical aspects of sex.

4.4.1 Challenging the psychoanalytic paradigm

The first factor to be considered is the absence of sexuality in psychoanalytic writing after Freud. Key aspects of the historical relationship between psychoanalysis and sex have been outlined in section 2.1 of this thesis. In brief, Freud's patriarchal view of sexual development was based on the presence or absence of a penis. His often-quoted assertion that anatomy was destiny was later criticised, especially by feminists, for its implicit debasement of female sexuality and the role of women in society (Friedan, 1963; Greer, 1993). By the mid-20th century, under the influence of Melanie Klein and other female analysts, psychoanalysis was 'feminised' (Sayers, 1992). Klein (1945) brought forward the Oedipus complex, Freud's pinnacle of sexual development, from between the third and fifth year to the *first year of life* and Freudian drive theory lost ground to object relations and Winnicottian theories, which emphasised the critical role of the mother-baby dyad on healthy psychological development (Winnicott, 1960b). The psychoanalytic infant was now regarded as relationship-seeking, not libido-driven. Sex went out of psychoanalytic publications (Fonagy, 2009) and its absence was reflected in the field of therapy. Today the process of rethinking adult sexuality in terms of object relations is a work in progress.

The second factor contributing to non-integration is the concept of developmental help, which in classical psychoanalysis differs significantly from cognitive-behavioural thinking. Centrally, psychoanalytic technique involves working in the transference, where the analysand-analyst relationship is the fulcrum for change. This technique is based on insight and correct interpretation of a client's material as it emerges in the therapeutic relationship. The no-touch rule in psychoanalysis derives in part from the intimacy of the therapeutic encounter and the need for the analyst to bound that

encounter, so that the patient's emotional-relational experience can be thought about and not colluded with. In brief, the analyst *responds* to the patient and does not *initiate* action. Initiating homework might make analysts anxious that it would constitute a threat to the working frame and endanger analytic work, because prescribing exercises for sexual problems would be so different from the way the analyst responds to patients' problems in other spheres of life.

In the therapeutic relationship the patient discovers the 'truth' about himself and realises that knowing himself is helpful in the 'real world' (Winnicott, 1968). Nevertheless, it is now accepted that in any therapy session enactments are inevitable and that the patient's truth is muddied by the analyst's own psychopathology, manifested in her tone of voice, facial expression or choice of words (Carpy, 1989; Wallin, 2007). For practitioners working within a classical psychoanalytic paradigm, there is a chasm between these emotional-relational enactments and, as they see it, the extreme form of 'acting out' or 'acting in' (Hinshelwood, 1991) involved in instructing couples to do sensate focus and report back, an intervention that from the analyst's perspective risks being *anti-developmental*.

Benioff (2012) is a case in point. This author argues powerfully against integration of psychoanalytic and behavioural approaches. Drawing on common themes in Laplanche (1983), Stein (1998) and Mitchell (2003), Benioff (2012, p. 33) refers to the dysregulated nature of human sexuality and the "unknowability, unruliness, mystery, and excess" of sex in adult relationships, all qualities which have their roots in early life. The infant's daily contact with his mother is infused with her sexuality and her unconscious desire, which are beyond his grasp and unknowable to him. This leaves him with an unmetabolised, unconscious, embodied experience of excess and mystery. This sense of excess, Benioff suggests, may be traumatising in the case of infants with intrusive or overstimulating parents, because these children suffer an "excess of excess", so to speak (p. 32). Potentially this type of trauma may be evoked in adult bodily contact, such as sensate focus.

Benioff skilfully brings the reader's attention to the essential isolation of sex, despite its inherent physical intimacy and merger. The author asserts that sexual experience cannot be shared because it is private: everyone has a private relationship with his body, which is unknowable to others. As Benioff (2012, p. 31) proposes, "sex is primarily nonverbal

and relies heavily on projection, part-object relations and internal unspoken fantasy". Facial expressions can seem alien to partners, as people respond to physical sensations and internal objects in a more physical and less mediated way. Healthy sexual relationships rely on a "shared capacity to tolerate separateness without turning the other into merely a separate part-object to be used, but related to as a fully autonomous subject with its own unknowable fantasies and desires" (p. 32). In the context of couples presenting with sexual difficulties, it may be that, in avoiding sexual contact, the two partners are defending against the unbearable truth that they are separate and essentially unknowable to each other. Moreover, a couple's early, non-integrated, infantile experience may give rise to acting in as a primitive nonverbal form of communication (Segal, 1982), and the analyst may be colluding with, rather than resolving, her clients' defences if she feels drawn to introduce homework into the therapy.

Finally, Benioff reflects on a colleague's couple case study, which describes the successful use of sensate focus; she acknowledges the good outcome of the therapy, albeit with a hint of wariness. She proposes that the behavioural homework boundaries, as described in chapter 3 of this thesis, created a world of manageable expectations for the partners. This artificial frame served to protect them from their shared fear of sexual excess, enabling them to have a sensual experience which was neither intrusive nor traumatising. Despite this, Benioff (2012, p. 36) remains highly cautious about "concrete sexual action and education" which, in her view, risk becoming a "phobic solution to a phobic dilemma" and might reify in the couple a part-object, unsymbolised and terrifying experience. In other words, for Benioff, sensate focus may exacerbate a couple's emotional-relational and sexual problems by reinforcing the couple's unconscious shared defences, rather than enabling their ego development.

4.4.2 Attempting integration of sensate focus with psychoanalysis

There are a limited number of therapists who have attempted to integrate sensate focus and psychoanalysis. In this regard Helen Singer Kaplan is outstanding as a major theorist and practitioner (Saxon, 1995). Kaplan (1974, pp. 193-194) proposes that her integration of sexual experience with psychotherapy "amplifies the power of psychotherapy enormously", because the office sessions with the therapist and the homework "mutually reinforce each other to reveal and resolve impediments to the

couple's healthy sexual expression". Kaplan's treatment strategy with couples is initially purely behavioural; she introduces psychodynamic interventions only when behavioural models prove ineffective.

Kaplan (1974) asserts that in the tactile exercises, each spouse's unconscious conflicts and defences are activated; for this reason, she claims, conjoint psychotherapists need an in-depth understanding of the dynamics of marital interaction. Her awareness of the potential re-enactment of primitive and preverbal experience during sensate focus is clear in her assertion of its "profound impact", which on the positive side may provide "satisfactions akin to those that reinforce the primitive grooming behavior of primates" and "intense sensuous experiences for the first time … that are close, tender, secure" (pp. 211-212). Possible negative responses include wandering minds, absence of feeling, inability to focus and a sense of wasting time. For Kaplan, these are all resistances, or erected defences against the emergence of sensual and sexual feelings. The author's psychoanalytic model is Freudian; she does not elaborate on the psychoanalytic underpinnings of her sex therapy teaching, on the basis that these are expounded elsewhere, and she makes no reference to other psychoanalytic theorists concerned with primitive anxieties and touch in sexual relationships (Kaplan, 1974; 1987).

Two decades after the publication of her book, *The new sex therapy,* Kaplan (1995) changes her use of sensate focus, restricting its application to cases of psychogenic male impotence. For these couples, sensate focus is in her view highly effective. However, claims the author, there is "a considerable subgroup of patients … with little or no desire for sex or sex with their partners" and in these cases a sexual dysfunction is secondary to lack of desire (Kaplan, 1995, p. 2). She becomes convinced that low desire, for example, is indicative of more severe intrapsychic sexual conflicts and difficulties in patients' relationships. In an evolving process, Kaplan (1995, p. 6) now seeks to teach couples "how to manoeuvre their sexual desire in an upward direction", using explicit erotic materials, sexual fantasy and masturbation, as well as brief psychodynamically informed interventions to explore deeper emotional-relational problems. The overall impression is that over two decades, the author decreases her use of sensate focus and mutual touching as she increases her use of other behavioural tools and fantasy aimed directly at genital responses, that is, the symptom.

Since Kaplan's death in 1995, there appear to have been few attempts to integrate sex therapy and psychoanalysis. Those who have done so have succeeded to widely varying degrees. In an introductory-level book, Martin-Sperry (2004, p. 163) considers an integrated model, in which she suggests that sensate focus is "the single most useful diagnostic and problem-solving tool in psychosexual therapy". Apparently contradicting Masters and Johnson (1970b), the author posits that sensuality is learned, not instinctive, and sensate focus facilitates this learning. In keeping with the majority of sex therapists, Martin-Sperry emphasises the removal of pressure to perform in the exercises and speaks of clients' conscious and unconscious negative experiences and resistances. The tenor and scope of the book, which are elementary, exclude in-depth discussion and application of theories pertaining to sensate focus and preverbal experience.

Other authors who have grappled with integrating psyche and soma in connection with sexuality are Segraves (1982; 1986), Hiller (1993; 1996), Daines and Perrett (2000), Daines and Hallam-Jones (2007) and Berg (2012). Segraves (1986, p. 104) considers the co-construction of sexual dysfunction and how "the nonsymptomatic spouse reinforces the sexual behavior of the symptomatic spouse". He states that sexual symptoms do not exist independently of other mental activities and processes. Along with Hott (1978), Segraves asserts that all sex therapists should train in psychoanalysis, imaginatively using Ezriel's (1956) concept of shared unconscious phantasy to illustrate his point. Daines and Perrett (2000, p. 67) acknowledge the problem of working with unconscious transference one moment and using directive techniques the next, whilst asserting the necessity of introducing sensate focus for "substantial marital problems". The authors' discussion of sensate focus is limited, with no development of its possible significance in couples' shared object relations and shared early anxieties and defences.

More recently, Daines and Hallam-Jones (2007, p. 345) propose a new integrated "multifaceted" model of sex therapy that includes sensate focus; these authors refer to the influence of early life on modes of relating, and "the psychodynamic understandings of the way fantasies and defences operate between couples, and form part of the transference". The authors draw on Kaplan's (1974) treatment concepts, but do not offer theoretical insights linked to their couple case vignette, leaving the reader uncertain about the potential clinical significance of using sensate focus within their ambitious model.

Berg (2012) and Hiller (1993; 1996) provide thoughtful, astute and detailed theoretical perspectives on working with sexual problems. In a rich and complex account, Berg (2012) applies Ogden's (1989) concept of autistic-contiguous anxieties to a couple case in which she, Berg, discusses the impact of early sensory deprivation and inadequate maternal holding as well as possibly unprocessed physical and sexual abuse, incest and neglect on the partners' sexual relationship. She is one of few authors to consider the interplay of extreme primitive anxieties, the skin boundary, touching and adult sexual relationships. In the case vignette, the shared psychic threat is one of annihilation. The psychosomatic symptoms of this psychological organisation, Berg (2012, p. 45) claims, are "hypersensitivity to touch, and a craving for, or repudiation of, the sensation of touch". The author associates such symptoms with autistic-contiguous anxieties mobilised by close skin-to-skin contact in sex, which may trigger a re-experiencing of the original failure of containment.

Berg's paper offers a thoughtful and interesting take on Ogden's concept described above. However, without giving her reasons, Berg chooses a behavioural assignment for the couple which is *not* sensate focus, but an unspecified sex therapy exercise proposed by Schnarch. Taking a perhaps overly harsh stance, Schnarch (1997, p. 80) criticises sensate focus for being "horizontal, eyes-closed, cadaver-like sex … which … ignores communication with the partner". His repudiation of Masters and Johnson's programme aside, it may be that *any* sensual intervention risked a negative outcome for Berg's couple, a view expressed by Scharff (2012) in his response to Berg's case example. In this response Scharff discusses how the extremes of early neglect and trauma in a couple's history can make sensual, behavioural work impossible, because these experiences challenge the integrity of the self, and partners may have to retreat from each other for self-preservation.

Interestingly, Berg (2012, p. 43) ventures the possibility that her use of a behavioural tool was "countertransference 'acting in', in the face of autistic-contiguous anxieties". The author raises these questions: was she pressurised by the dynamics of the therapy to join in with the couple's defences and try to 'fix' their sexual problems, or did the homework precipitate an enactment that illuminated the partners' autistic-contiguous anxieties? These anxieties, in Berg's view, are associated with an unreliable containing of the skin in the first weeks of life, as elaborated by Bick (1968), and re-activated in intimate skin-to-skin contact in adulthood.

Esther Bick's (1968; 1986) concept of the caregiver's skin as a neonate's first object that binds the baby's personality together seems relevant to sensate focus, as discussed above. For Bick, the neonate has a passive experience of being held together by an external object sensed through skin contact, which is a critical element of the earliest relationship. The author claims that the infant has two possible, opposite states of mind: *either* with adequate mothering, the baby has a sense of existence with a degree of coherence and a successful skin formation, *or*, as a result of precarious handling and insensitive caregiving, a disturbed skin formation and a feeling of dissolution and annihilation. Bick is credited with having identified a range of existential and catastrophic anxieties that are universally in the human psyche (Urwin, 2006; Spillius *et al.*, 2011). Whether these anxieties contraindicate sensate focus may depend on many factors in an individual's history. Primitive, annihilatory anxieties are also at the centre of Glasser's (1986, p. 9) "core complex", which is linked to aggression and is present in varying degrees in all sexual relationships.

All these theorists have identified a range of catastrophic anxieties that conceivably might emerge for couples during the sensate focus exercises, or in some cases might prevent them engaging in the task. Couples in therapy may be grappling with emergent, primitive, embodied anxieties that cannot be verbalised. The therapist might know about these anxieties as she feels them fleetingly in the countertransference. Unsurprisingly clinical experience indicates that couples do not move smoothly through the sensate focus programme; early bodily experience, often primitive and preverbal, is re-enacted in the intimacy of the exercises. Winnicott's (1968a, p. 18) concept of the "experiential conglomerate", by which all experience is held lifelong in the body, seems to support this observation. This is discussed further in subsection 7.2.1.

Unlike Berg, Hiller (1993; 1996) opts for Masters and Johnson's sensate focus programme in her couple work. In Hiller (1993, p. 10), the author reflects on the importance of the Winnicottian holding environment, which is "the mother's reliable, empathic responses … in the giving of practical care and love". The latter is crucial, the author suggests, in the growth of the child's symbolic functioning and the organisation of a psychic content as a foundation of healthy adult relationships. Hiller also connects mother-baby intimate skin contact with the adult sexual relationship, as theorised by Scharff and Scharff (1991). However, the author's goal in her 1993 paper is to propose an integration of psychodynamic and behavioural methods in the treatment of single

men presenting with erectile dysfunction in a psychosexual therapy clinic within the National Health Service (NHS). The three case vignettes therefore concern individual psychotherapy, and sensate focus is offered to only one of the three men who has an absent, ambivalent partner. One half of the couple is missing. Such absences might give rise to interesting clinical dilemmas about the possibility of helping a couple relationship by working with only one partner. However, the scope of the paper (individual therapy) and its scant details of the role of tactile exercises limit its value to couple therapy and the topic of this study.

By contrast, in her later paper, Hiller (1996) focuses on the problem of female coital pain and includes two case vignettes of heterosexual couples using sensate focus as part of their treatment. The author applies psychoanalytic concepts skilfully and imaginatively to the clinical work, proposing that the female body has a role in structuring the unconscious mind and linking body ego formation and internal object relations to adult sexual and genital functioning. The role of anatomy, especially the inaccessible and invisible nature of female genitalia, and the role of the mother-daughter relationship are, in Hiller's view, central in the genesis of female sexual function. The father's role, too, is critical, not only in helping his daughter in the process of separating psychologically from her mother, but also as the libidinal object in the mother-father-daughter configuration, or the triangular space of the Oedipal situation, as conceived by Britton (1989). The Oedipal triangle, the author suggests, contains an inner area that encourages the development of the girl's sense of an inner space, mentally and genitally. In these two cases of female coital pain, the author's rationale for introducing the behavioural intervention is to help the couple "integrate psychological and bodily responses … and … to strengthen their current physical bond and separate their relationship from [the woman's] feelings of guilt and anxiety about her mother" (Hiller, 1996, p. 67).

Hiller (1996) seems to acknowledge the role of transference phenomena between the partners in maintaining the woman's unconscious inhibition of genital changes. The author also makes theoretical links implicitly between the shared tactile experience and each couple's projective system when she comments that later in the programme at genital touching stage, the anxieties of the male partners emerged. The limitations of the two case examples *purely in terms of the topic of this study* are her prime focus on the sexual dysfunction and the individual women rather than the couple relationship, and

the minimal consideration of the couples' reported responses to sensate focus as well as her understanding of these responses in the light of psychoanalytic theories about sexual relationships.

Arguably the most noteworthy examples of the interweaving of the unconscious relationship and sensate focus in couple psychotherapy are Scharff and Savege Scharff (1991; 2004), Scharff (1982; 2001), Caruso (2003; 2011; 2014a; 2014b) and Green and Seymour (2009). In their object relations approach to couple therapy, Scharff and Savege Scharff (1991) draw on psychoanalytical theories of Fairbairn (1952) and Klein (1946), in particular Klein's concept of projective identification, while their sex therapy model incorporates the behavioural tools of Masters and Johnson (1970b) alongside the psychodynamic interventions proposed by Kaplan (1974; 1987). Importantly, the authors also draw on the Winnicottian concept of the psychosomatic partnership, the earliest attachment relationship, to inform their use of sensate focus. Scharff and Savege Scharff (1991, p. 21) suggest that the intense shared physical experience of birth and thereafter the infantile experience of the "intimate contact and arms-around holding" of the mother are evoked in the adult sexual partnership, which offers the only other experience of intense pleasure that is entirely somatic at the same time as it is entirely psychological.

Scharff and Savege Scharff (1991) provide a considered, detailed sequence of sex therapy exercises in a three-page diagrammatic table, describing the behavioural assignments of each phase and linking them to specific object relations issues and therapeutic goals. In the beginning of the sex therapy work, the co-authors prescribe the same non-erogenous touching to all couples, which brings up issues of basic trust, the partners' past experience of their mother's holding and of bodily integrity, for example. The aim at this stage, suggest the co-authors, is to allow the self to develop and to *be*, similar to the Winnicottian concept of the environment mother and her infant. The second phase of the exercises invites the couple to cooperate to maintain a holding environment together; the self is now in pleasurable interaction with the other. In reviews of the homework the therapist attends to the points at which couples experience difficulty: "Issues deeply buried are brought forcefully to the surface by the pressure of the physical interaction, by its successes and its failures" (Scharff and Savege Scharff, 1991, p. 189). The co-authors assert that the therapist then uses interpretation to understand the dynamics of the behavioural interaction:

> … we are working on the mediation of internal object relations in the transition from infantile dependency to mature interdependency between two whole people who are involved in genital interaction. In the midphase of sex therapy, issues of the mediation of good and bad object relations can be seen in action during the artificially framed sexual interaction. (Scharff and Savege Scharff, 1991, p. 189)

The later phases of Scharff and Savege Scharff's programme contain many more behavioural tasks than mutual caressing: for example, genital self-examination and the 'squeeze' technique for premature ejaculation, each designed to a specific sexual dysfunction.

In terms of thinking about sensate focus and analysing couples' responses to it through a psychoanalytic lens, this book, *Object relations couple therapy*, by Scharff and Savege Scharff (1991) is outstanding in its richness; it is convincing and thorough. No doubt because of these qualities, later authors, including Caruso (2011) and implicitly Green and Seymour (2009), have drawn on Scharff and Savege Scharff's thinking. Given that this book is 27 years old, it is remarkable that so few psychotherapists have attempted to advance and extend the authors' theories of the intervention. The two co-authors, however, continue to add to the discourse. In a more recent paper, Scharff and Savege Scharff (2004) use a series of graded exercises, which the client couple seem to enjoy initially, but then they withdraw when the touching of breasts and genitals is introduced. The authors link the couple's 'stuck' position to one partner's psychosomatic symptom, the woman's sore throat, and a timely dream. They interpret this clinical material as manifestations of the couple's shared oral aggression and fear of it: "the exercises accelerated the emergence of anxiety located in the sex organs" (Scharff and Savege Scharff, 2004, p. 475).

Similarly, in a 2001 paper, David Scharff describes a couple case in which he introduces sensate focus only when he believes the partners' neurotic elements have been resolved. The author discusses the couple's joyful discoveries of mutual touching during the early exercises. At the more genitally-focused stage, however, the couple are tentative and flooded with anxieties, and the sado-masochistic quality of their relationship and their internal persecuting objects begin to dominate the therapy. The author then ends the sex therapy and focuses on a psychoanalytic treatment approach.

The tactile intervention seems to have provided the psychotherapist and the couple with an entrée into the partners' destructive object relations, which might then be addressed. An interesting impression from the Scharffs' writings described above is that they seem to separate couple therapy and sex therapy, regarding the latter as a separate contract to be discussed and agreed with the clients. Might this allude to a felt challenge of moving psychotherapeutically between mind, body and relationship?

Caruso (2011) draws on Kaplan (1974), Scharff and Savege Scharff (1991) and Bowlby's (1988) attachment theory to explore imaginatively the unconscious relational aspects of a couple using sensate focus. The tasks, she claims, evoke behaviours and responses of attachment, including proximity-seeking behaviour, shared sensual activity and exploration of each other's body. Separations and reunions are experienced as couples start and end each exercise. Caruso claims that sensate focus has the potential to trigger preverbal experiences and evoke early mother-child experiences; couples may build trust and felt security as they share the early exercises and work through their anxieties. Progressing through the programme, partners are invited by the therapist to share greater sexual intimacy and cooperation, which for Caruso (2011, p. 121) are "features of relatedness". Exercises are selected to address specific sexual dysfunctions as well as the couple's unconscious internal working models and object relations. The author proposes that premature ejaculation, for example, is symptomatic of fear of engulfment and concern about the destructive power of the penis, leading to anxiety about arousal. She suggests that confusion between excitement and aggression in self and other might thus interfere with the individual's ability to allow his pleasurable bodily sensations. Such conflicts are then addressed verbally in the next therapy session, using transference and countertransference experiences, when the two partners report on their homework. Caruso then illustrates her integrated approach, which is both psychoanalytical and behavioural, skilfully using a complex case study published earlier in 2003.

Of particular relevance to the topic of this study, the author comments towards the end of her 2011 paper that her combined therapeutic model has the potential to confuse clients because of the conflicting goals and types of interventions associated with each paradigm. The psychotherapist, asserts the author, needs to have the technical skill and flexibility to move competently between approaches. Caruso's awareness of this challenge is conveyed by her use of terms such as "confuse", "conflicting goals",

"oscillate between approaches", and "technical" skills rather than mentalising skills, all of which seem to reflect a certain hesitancy on her part, perhaps reflecting the challenges of integrating mind, body and sexual relationship in couple psychotherapy.

Like Caruso, Green and Seymour (2009) offer an illuminating, detailed case study, which integrates creatively psychoanalytic and attachment theories with psychosexual therapy to address the couple's sexual problems. The authors consider the deeper disturbances of the presenting symptom, loss of desire. They provide a clear overview of the progress of the therapy, as the partners explore themselves and their relationship and work through their developmental challenges. The design of the chapter uses three different but interwoven typographical styles to distinguish between firstly, the couple's narrative; secondly, the therapists' psychodynamic and psychosexual interventions, which are behavioural, biomedical and educational; and thirdly, the rationale behind the selected interventions. Sensate focus is one of the tools used. Green and Seymour (2009, p. 151) propose that its specific purpose in this case study is to "bring anxiety down to manageable levels", and to modify spectatoring, as discussed in subsection 3.2.1. The latter is a term devised by Masters and Johnson (1970b) to describe a person's sense of detachment during sexual encounters, often watching his own body and genitals rather than feeling engaged in the arousal process. The co-authors also use the tactile intervention to enhance sensuality and improve self-knowledge and communication between the partners; they suggest that in addition, the homework helps raise and resolve issues of trust: both the couple's trust in the therapist and trust between the partners. During the sensate focus programme, the couple's gradual development goes hand in hand with the emergence of their anxieties and defences: the yearning for magical symbiosis, connecting with and fearing vulnerability and neediness, fears of destructiveness and aggression, having a safe haven, managing a rush of primitive feelings, separation anxieties, fears of disintegration, Oedipal anxieties, unconscious fears of castration, loss, mourning and ambivalence.

This chapter is convincingly written and is rare, perhaps even unique in its design in the psychoanalytic literature. It enriches earlier writings on couple therapy using an integrated model. The missing link in this thorough and insightful case description is perhaps the detailed references of the theories applied, informing the couple work as it focuses on both psyche and soma; and where the therapists' clinical observations confirm or depart from the theories. Explicit theoretical links with a bibliography would

have been a valuable addition for teaching purposes, if integrated approaches are to be developed bi-directionally, that is, within psychodynamic couple psychotherapy training and psychosexual therapy training.

This review of the literature indicates that, among clinicians working with sexual relationships, there is a will to integrate psychoanalysis and psychosexual therapy, including sensate focus, but that this is a minor and fragmentary movement, with much left unexplored and not considered, or at least not published. Sensate focus seems under-theorised in the literature. In chapter 2, the overview of theories informing psychodynamic couple psychotherapy indicates a neglect of bodily, genital, adult sexuality. In chapter 3, the review of sensate focus reveals a professional focus on sexual performance, which lacks a credible theoretical foundation. These observations raise several issues, beginning with Freudian thought. Freud (1912, p. 183) asserts, from a premise that is now commonly perceived as a theory of male sexuality, that more or less all men suffer from psychical impotence:

> Where they love they do not desire and where they desire they cannot love.

In his claim that the fate of all men is to separate physically and mentally the two different 'currents' of sex and affection, Freud (1912) creates the original formulation of psychic splitting. Within Bowlby's (1988) attachment theory, sex is also a distinct behavioural system separate from love, with its own motivational and functional systems, triggers and deactivating mechanisms (Mikulincer and Shaver, 2007). Both formulations, Freud's and Bowlby's, suggest sex as something separate from adult affection, but infer interconnections one with the other (Clulow, 2009). As discussed later in section 7.6, the erotic is mostly absent in Klein and Winnicott, who consider the mother-infant nursing couple as the prototype for the adult sexual couple, possibly stretching the credibility of their theories on sexuality. These four eminent psychoanalysts, Freud, Bowlby, Klein and Winnicott, are divided and this is the conundrum: has sex gone out of psychoanalysis, only to be claimed by behaviourists preoccupied with performance, because the sensuous co-existence of the mother-baby unit is not a credible platform for adult sexual relationships? Or are civilisation and instinctual life antagonistic, leaving human beings destined to split off their sexual desire, incapable of integrating love and sex, as Freud declares? The theoretical fragmentation of sex therapy since Masters and Johnson is perhaps evidence that, in

terms of motivations, anxieties, defences and their impact on the adult couple, psychoanalysis went out of sex, just as sex went out of psychoanalysis. If there is an absence of the other in both paradigms, might that be because there is a lack of theory linking the two? The fact is that there is a group of psychotherapists who use both psychoanalysis and sex therapy. The implication for this study is whether the gap in the theory exists among these practitioners, how they think about and justify theoretically their attempts to reconcile the two approaches through sensate focus and what might be the implications for theoretical development that follow from this.

CHAPTER 5 RESEARCH METHODOLOGY

5.1 The aim of the study

Chapter 4 identified the lack of a theory underpinning the use of sensate focus. The aim of this study was to address this lack by exploring how couple psychotherapists who had trained in both psychodynamic couple psychotherapy and psychosexual therapy theorised sensate focus. In particular the inquiry focused on a group of dual psychotherapists' unique clinical experiences of this tool and their reasons for using it.

5.1.1 Research questions

The principal research question for the inquiry was therefore:

How do couple psychotherapists think about sensate focus in their work?

Secondary questions included:

Has psychotherapists' understanding of the theoretical justification for sensate focus changed since their training?

How have psychotherapists been influenced in their use of sensate focus by the dynamics of the therapeutic process?

What is the therapeutic value, or otherwise, of sensate focus?

These questions involved theory, therapeutic process and psychotherapists' perceptions of clients' experiences of sensate focus, including meanings that couples ascribed to their responses to the homework. These questions located this inquiry in the *qualitative* domain of research.

The quest of the researcher was to discover particular social phenomena: the unique clinical experiences of dual psychotherapists using sensate focus with couples and their reasons for doing so. To reach an understanding of these psychotherapists' individual experience, a qualitative research approach was required (Larkin and Thompson, 2012).

This type of approach allows a researcher to engage with the complexity of shared experience and respects the intersubjective processes of relationships between psychotherapist and client, and researcher and participant, as "co-creators of meaning" (McLeod, 2013, p. 69).

Although some authors (McLeod, 2011; Creswell, 2012) suggest that a research design that mixes quantitative and qualitative methods reinforces the credibility of the inquiry's results, Denzin and Lincoln (2011, p. 3) assert that in the 21st century, qualitative research has become "a field of inquiry in its own right" and able to stand alone. Essentially this study's goal was to illuminate participants' explicit and implicit theories about sensate focus and a quantitative approach, that is, a closed-question, empirically-based survey targeting a large sample, would not have yielded the wanted rich data about clinical phenomena.

5.2 Selecting the method

5.2.1 Defining the researcher's epistemological position

The researcher's epistemological position underpinning this study is that of critical realism, which holds that the world exists independently of human beings' knowledge or sense of it (Easton, 2010). This means that social phenomena, such as actions and texts created in research, exist regardless of a researcher's interpretation of them. Moreover, the real world can never be fully understood, because it is shaped by human biases, values, theories and perceptions (McLeod, 2011; Michel, 2012). For the critical realist, however, the world is socially *construed* rather than socially constructed, because "reality kicks in at some point" (Easton, 2010p. 122).

A researcher's own worldview drives any inquiry. It is based on faith, and its ultimate truthfulness cannot be established (Guba and Lincoln, 1994). As an acknowledgement of this, the pre-understandings and perspectives of the researcher are described in section 1.1. The complex phenomena of the therapist-couple relationship to be studied led to the choice of a small-scale, qualitative design based on interpretative phenomenological analysis (IPA).

5.2.2 Understanding the provenance of interpretative phenomenological analysis (IPA)

IPA, which has been developed within the field of psychology over the past two decades, is concerned with how individuals perceive the world in which they live and how they make sense of their major life experiences (Langdridge, 2007; Gil-Rodriguez and Hefferon, 2015). IPA is an inductive, bottom up analytic process, which produces a hierarchy of themes recurring in texts, or in this case, interview transcripts. Unlike most psychology-related research, which is nomothetic, that is, aiming to make claims about groups or populations, IPA borrows from idiography, which is the study of the particular. IPA privileges themes that are distinctive for each participant, giving depth and detail to the analysis, as well as those that are shared across a homogenous group, such as couple psychotherapists. In IPA the analysis moves "from the particular to the shared, and from the descriptive to the interpretative" (Smith, Flowers and Larkin, 2009, p. 79).

As a research methodology, IPA borrows from three main schools of thought. The first is idiography, as discussed above. The second is traditional hermeneutics, which is the theory of interpretation, and with a principal focus on the hermeneutic circle, an iterative, interactive, analytic process described below. Thirdly, IPA borrows from phenomenology, a major, radical movement in philosophy started by Edmund Husserl (1859-1938) in the 20th century and developed by many followers, especially Martin Heidegger (1889-1976) and Maurice Merleau-Ponty (1908-1961) (Langdridge, 2007; Finlay, 2011). Husserl's conviction is that the adoption of the "phenomenological method" entails consciously putting aside the "taken-for-granted world of familiar objects" in order to see more objectively the "core structures" and "features of human experience" (Smith, Flowers and Larkin, 2009, pp. 13-15). For Husserl, a person's ability to concentrate on a purer perception of the world entails bracketing her preconceptions and holding her conscious subjective self in parentheses, because in his view these preconceptions act as a screen to the essential phenomenon (Gil-Rodriguez and Hefferon, 2015).

Heidegger, a critical realist, moves away from Husserl's study of pure consciousness and towards Dasein, a being-in-the-world (Gil-Rodriguez and Hefferon, 2015); Heidegger highlights the inescapable fact that humans are embedded in the world and

have pre-understandings and preconceptions from their particular prior knowledge and sociocultural environment, and that these preconceptions are inevitably present in their understanding of phenomena. To understand is already to have made an interpretation: language and understanding are inseparable and interpretation is inevitable. Heidegger therefore challenges the feasibility of bracketing, his view being that a person is always a worldly person-in-context. For Heidegger, "relatedness-to-the-world is a fundamental part of our constitution" (Smith, Flowers and Larkin, 2009, p. 17). Today the concept of bracketing remains controversial among experienced IPA researchers, for example, Hefferon and Gil-Rodriguez (2011) and Shinebourne (2011). These authors believe that bracketing may only be partially achieved, if at all. The *real* challenge to the researcher is to evaluate the impact of her pre-understandings on the research (Shinebourne, 2011).

Importantly for IPA, Heidegger's take on the hermeneutic circle, which he develops, is that the researcher begins with pre-understanding, moves forward by adopting an open stance that permits new discoveries, which at once become an interpretation and revision of her pre-understanding. In the hermeneutic circle, there is continuous movement between explicit and implicit, between interpreter and interpreted, and between parts and whole (Finlay, 2013). To understand the whole, the researcher scrutinises the parts, and vice versa. Each movement round the circle has the potential to deepen the researcher's understanding of the phenomena being investigated. For Smith (1996, p. 5), the hermeneutic circle speaks to "the possibility of constantly digging deeper with one's interpretation". This method is an iterative process: in IPA the researcher revisits transcripts and notes in the light of new themes emerging in later interviews and re-assesses the hierarchy and groupings of themes as the analysis proceeds. Ultimately the researcher must decide when to leave the circle and recognise when she has a 'good enough' interpretation (Smith, 2007). In this study, notes, transcripts, themes and clusters of themes were revisited over and over during the analysis, resulting in frequent revisions and refinements in understanding of the data.

The third great innovator in the field of phenomenology is Merleau-Ponty (1908-1961), who brings the concept of embodied understanding to the fore in contemporary phenomenological psychology (Langdridge, 2007) and is especially relevant to the topic of this inquiry. In *Phenomenology of perception*, Merleau-Ponty (1945) rejects the traditional dualism of rational understanding and embodied senses or experiences, proposing that the body's sensations are interpretations. For Merleau-Ponty, a person is

a body-subject: he does not possess a body, he *is* a body, a lived body. A person's body is also an object for the other, an object that is known and observed by him and others in the world. In other words the body is inextricable from lived experience. Indeed, bodily awareness has a key role in psychotherapy, in which practitioners draw on their felt sense and subtle bodily responses to clients to gain insight into those clients' experience. Similarly, researchers must attend reflexively to the body of both participant a*nd* researcher and to the spatial realm which two body-subjects occupy, for example in an interview, a point emphasised by Finlay (2005).

Defining the human body as the source of knowledge, American philosopher Richard Kearney (2015) draws on Merleau-Ponty's work to reconsider carnal hermeneutics in the 21st century and to attempt to recover the body as text and the text as body. In Kearney's view, the "linguistic turn" of hermeneutics, implicit in the writings of Heidegger, Gadamer and Ricoeur, has tended to "veer away from the carnal as a site of meaning, replacing body with book, feeling with reading, sensing with writing - as if the two could be separated" (Kearney, 2015, p. 100). The author proposes "a reminder - at a moment when questions of matter, flesh, and body call for new thinking - to revisit the deep and inextricable relationship between *sensation* and *interpretation*" (p.100, italics in original). Evaluation is central to the interpretation of embodied life: through bi-directional touch (touching and being touched), flesh is constantly a "medium of transition and transmission. It is always on" (Kearney, 2015, p. 103). Our deepest knowing, he asserts, is in tasting and touching, for two reasons: firstly, in life, flesh comes before language; secondly, without flesh, there can be no language. Kearney's thinking is highly apposite to the topic of this study.

5.2.3 Highlighting the advantages of IPA

There were several reasons for selecting IPA for this inquiry. The primary reason concerns *epistemology*, as discussed in subsection 5.2.1. IPA's approach is "consistent with the epistemological position of the research question" (Smith, Flowers and Larkin, 2009, p. 46). As a phenomenological approach to research, IPA mirrors psychotherapeutic theories and practice in many ways, such as its concerns, interests and requisite practitioner skills (Finlay, 2011). Psychotherapists undertaking IPA-based inquiries have the significant advantage of being able to draw on their "familiar skills,

such as interviewing, empathy, bodily awareness, holistic approach, and use intuitive, inferential thinking systematically" (Finlay, 2011, p. 194). There were five further reasons for selecting IPA: its appropriateness to process, its established protocols, its support network, its output of rich data and its compatibility with health-related topics.

Consider the first of the reasons above: IPA is thought to work well with *processes* such as psychodynamic psychotherapy, in which it has been used to explore issues of apparent incompatibility similar to the division of mind and body in couple work. An example of the use of IPA in this type of inquiry is in Goddard, Murray and Simpson (2008), where the tensions between the practices of psychotherapy and the principle of informed consent were investigated.

Secondly, IPA has established, *well-defined protocols*, clearly explained by Smith, Flowers and Larkin (2009). In this inquiry therefore IPA provided an effective, steady lens through which to observe a potentially wide variety of theoretical connections and clinical data arising from the participant sample. The protocols also helped facilitate the researcher's close engagement with the material and, importantly, provided tried and trusted formats for the reporting of results (Smith, Flowers and Larkin, 2009). A third significant strength and an advantage of IPA over other methods was that the protocols were backed by a flourishing support network of IPA researchers, including specialist IPA trainers and in particular, a lively, highly active and informative, international internet-based discussion forum with expert contributors such as Jonathan A. Smith and Michael Larkin, IPA's founders. A useful, recent debate in this forum, for example, concerned the application of psychoanalytic theories to participants' accounts.

Two of IPA's outputs are *rich data* and *novelty*, thanks to its use of the semi-structured interview, and these outputs constituted a fourth reason for choosing this method. As a result, unforeseen and illuminating aspects of the topic emerged during the interviews, aspects not found in the literature and offering new avenues of exploration and richer data (Oppenheim, 1992). Finally, IPA is compatible with *biopsychosocial* perspectives; hence its current popularity in health psychology (Reid, Flowers and Larkin, 2005). All these features of IPA enhanced the feasibility and execution of this study.

5.2.4 Considering the limitations of IPA

IPA has a number of limitations. Some of these may apply to *all* qualitative research and others specifically to IPA as a research method. The limitations of this study and of IPA are discussed fully in chapter 8.

5.2.5 Investigating other data analysis methods

Two other thematic analytical methods were also considered for this study and compared with IPA. The first was grounded theory (GT), which dates back to Glaser and Strauss (1967) and which aims to construct new theories of phenomena. The second was thematic analysis (TA), which identifies, analyses and reports recurrent patterns within data. According to McLeod (2013), relatively minor differences exist between these three approaches. Whereas IPA is known to be an intense, complex and conceptually demanding process (Smith, Flowers and Larkin, 2009), TA by contrast is considered highly accessible as a method. However, TA lacks an established protocol and a model end-product, despite the attempt by Braun and Clarke (2006) to remedy this. Neither does it have clear epistemological roots (McLeod, 2011). It is noteworthy that much high quality research has used TA (Braun and Clarke, 2006), although none has been identified that includes the researcher's preconceptions and influence on the emergent data, that is, her reflexivity (Joffe, 2012). By contrast IPA can include the researcher's influence throughout the process (Dallos and Vetere, 2005; Smith, Flowers and Larkin, 2009).

Although GT is widely regarded as particularly appropriate for research topics that are under-theorised (McCann, 2013; Singh, 2013), its aim is to develop *new* concepts. By contrast, with IPA the interpretation of participants' narratives is likely to be based on *pre-existing* psychological concepts (in this study, psychoanalysis and attachment theory). Generally GT requires larger sample sizes than IPA, which with its idiographic emphasis suits small samples, while also being capable of analysing larger numbers of participants. Moreover, GT protocols work towards the identification of one overarching theme and the establishment of a theoretical framework (Burck, 2005), whereas in this inquiry, a number of themes of equal value were discovered. Finally, other factors against GT include its positivist roots (Charmaz, 2006); its generation of large amounts of data, even more than IPA; and its incompatibility with reflexivity

concerns. The exception to the latter point is Charmaz' (2006) version, which is less established than IPA. All these aspects of GT led to the decision to use IPA as the data analysis method, given the aims and feasibility of this project.

5.3 Operationalising the method: participants

5.3.1 Establishing the number of participants required

A maximum of 10 participants were sought for the study. Ascertaining the 'correct' number of participants for an IPA-based inquiry is a moot point. In their IPA handbook, Smith, Flowers and Larkin (2009) propose as few as *three,* while in later papers, Smith (2011a; 2011b) commends several IPA studies with up to 14 participants. However, these authors also assert that a reasonable range for professional doctorate degrees is between four and 10 participants.

5.3.2 Defining the target population

One of the researcher's beliefs at the outset of the doctoral programme was that the project would be well received and supported within the profession, where there is an acknowledged paucity of original research conducted under the banner of psychosexual therapy. This lack contrasts sharply with the wealth of studies funded by the pharmaceutical industry and conducted in the name of sexual medicine, referred to in section 1.2. The anticipated support from colleagues was confirmed in many ways: for example, early in the interview-planning phase, an announcement about the research was distributed by email to the whole membership of the College of Sexual and Relationship Therapists (COSRT). This email triggered an immediate response: within 48 hours, 36 members had either offered to participate in the research or had sought further information about it.

The real challenge at that stage of the inquiry was not lack of peer group interest, but how to define and locate those senior practitioners who were using dual approaches, namely those who worked psychodynamically with couples and who had significant clinical experience using sensate focus. These psychotherapists would be the most

likely to contribute fresh insights and theories on the use of the tool within a psychoanalytic framework and ultimately provide 'answers' to the research question.

5.3.3 Locating potential participants

As an aid to identifying and recruiting potential participants for the study, a participant profile was drawn up in consultation with research supervisors and is shown in table 5.1. The goal was to identify psychotherapists who might give the researcher access to a particular *perspective* on the phenomena under study (Smith, Flowers and Larkin, 2009). Participant selection was also at the researcher's discretion. For example, one COSRT-accredited practitioner who had not formally qualified as a psychodynamic couple psychotherapist, but who nonetheless had extensive experience of working psychodynamically with couples, was recruited and provided extremely rich, pertinent data.

The total number of practitioners in the target group was difficult to estimate and probably small. In consultation with senior peers, the researcher calculated a ballpark figure of around 100 qualified couple psychotherapists with psychosexual qualifications practising in the Greater London area. There were almost no up-to-date documented statistics. However, the estimate of 100 practitioners was supported to a degree by a membership survey conducted by COSRT (2006). The results of this survey were based on 570 respondents out of 743 UK members at that time. The results indicated that 40% of respondents had approved training in psychodynamic psychotherapy, 19% had approved training in psychoanalysis and 62% of respondents had approved training in psychosexual therapy. Furthermore, 35% of respondents drew upon psychodynamic theories, 72% of respondents drew upon psychoanalytic theories, and 29% of respondents drew upon psychosexual theories. However, overlap of these figures, indicating how many respondents were qualified in or familiar with *both* psychodynamic and psychosexual therapy, and number of years of clinical experience of each paradigm, could not be inferred from the survey.

5.3.4 Drawing up a sampling strategy

In keeping with IPA's ethos, goals and method, the sampling technique in this study

was purposive and designed to achieve a reasonably homogenous group of interviewees (Willig, 2008; Smith, Flowers and Larkin, 2009). Given the constraints of a small and hard-to-identify target population, the researcher adopted a recruitment strategy described by King and Horrocks (2010). This strategy was to collaborate with a known 'insider', a senior, respected and trusted colleague who was one of the target population and who helped identify suitable peers. A list of 34 possible participants was drawn up. Using the insider's name 'opened doors' with this group of practitioners and helped create a positive reception to being approached by the researcher. However, the strengths of the insider strategy were also its limitations, namely that only psychotherapists who were known to the insider and for whom she had positive professional regard were included in the candidate list.

The majority of couple psychotherapists are female, mid-life or older, white European and heterosexual, as is the researcher. While acknowledging this reality, colleagues of both genders and different sexualities were included as far as possible to provide a breadth of perspectives on the same phenomena (experiences of using sensate focus with clients) and to reflect the different socio-political backgrounds of couples seen in therapy. The researcher also privileged potential participants who were unknown to her, with only three being known of, but not close colleagues. This strategy was multi-purpose. It was intended to minimise participants' preconceptions of the researcher and the project, and vice versa; to give voice to fresh, unknown perspectives; to allow both parties to meet with greater open-mindedness and curiosity; and to reduce the possibility of peers feeling a sense of obligation to participate in the study.

5.3.5 Recruiting participants

Potential participants were contacted by email and telephone. Twelve psychotherapists agreed in principle to be interviewed over subsequent months. A participant information sheet (appendix 1) and consent form (appendix 2) were sent to interested psychotherapists. Information supplied included details of the topic, time required, record taking and keeping, (location, security and time held), anonymity, privacy, planned uses of data (including publication of results), and the right to withdraw. Thereafter appointments for interviews were made by telephone or email. Two practitioners withdrew at this stage, before the interview was arranged. There were no

further withdrawals. Most participants chose their own workplaces as the venue, and three chose the interviewer's premises.

Table 5.1: Selection criteria for participants

	Profile of potential participants - selection criteria
1.	Listed on the professional registers (or equivalent): * Tavistock Relationships Alumni (formerly British Society for Couple Psychotherapists and Counsellors, BSCPC) * College of Sexual and Relationship Therapists (COSRT).
2.	5-10 ++ years of clinical experience using sensate focus.
3.	Willingness to discuss excerpts from sessions relating to sensate focus.
4.	Availability to be interviewed within the researcher's time frame.
5.	Ability to be interviewed in London.

The 'insider' method yielded seven qualified participants. Another three participants were recruited using different methods: firstly, using a 'gatekeeper', who was a senior colleague with access to psychotherapists unknown to the researcher; secondly, using 'opportunities' through the researcher's own professional contacts and networking, and thirdly, 'snowballing', whereby one participant was asked to propose another colleague. All of these recruitment methods are described by Smith, Flowers and Larkin (2009) and by King and Horrocks (2010). Ultimately, it is important to acknowledge that any "sample is in part defined by who is prepared to be in it!" (Smith and Osborn, 2003, p. 54).

Finally, 10 experienced couple psychotherapists with psychosexual qualifications took part in the main study. The mean score of years of experience post-first-qualification was 20 and the mean score of years working dually in couple psychotherapy and psychosexual therapy was 16. Participants comprised eight women and two men, as shown in table 6.3. Their ages ranged from 51 to 68 years, with a mean age of 60. All confirmed that they worked with heterosexual and same-sex couples, and within multicultural populations, prescribed by the sociocultural context of the location of their workplace, or 'catchment area'. They were all in private practice, a fact which indicated the higher socioeconomic status of their clients compared with the majority of the UK population.

5.3.6 Excluding two interviews from the findings

Despite the strategic thinking and careful planning invested in recruiting participants, as described above, not all interviews provided the desired data. When data analysis of ten transcripts was completed, it became clear that two out of 10 dual psychotherapists were *not* integrating psyche and sexuality in their practices. For reasons unknown, these two interviewees seemed to introduce the homework without thinking and theorising about the dynamic processes mobilised by the introduction of sensate focus in couple work. Moreover, there was a lack of reflectiveness in their responses to the interview questions. In other words, these two participants *did not answer the research question* and their interview data were therefore excluded from the study's findings. This was a difficult methodological and ethical dilemma for the researcher, revisited many times during the study, since the decision to exclude two respondents marked a departure from IPA's protocols, which focus on the rich description of people's experiences, respect individuality and expect all participants to be included in the findings. However, in this study, the goal was to glean practitioners' insights into the dynamics of the use of sensate focus with clients, so that a new *integrated* theoretical model might be developed. The two excluded participants separated out sex from the psychodynamics, relating sensate focus to an individual's sexual anatomy and functioning rather than the psychology of couple relationships. In this regard, they reflected the profession's tendency towards splitting mind from body, described in chapter 1, without contributing to the understanding of why this is so and how the two approaches might be integrated in couple psychotherapy. This topic is discussed further in section 7.4.

Reflexively speaking, there was much to be learned from this research 'event', which gave rise to several questions. For example, was the researcher's reasoning for excluding the data from two interviews an adequate justification of her decision? Did this exclusion skew the findings in some way and would the inclusion of the excluded data have changed, enlarged or qualified the results? Would the researcher's data analysis of these two transcripts, if repeated later, have illuminated new avenues that were not identified initially? Or might the design of the study have been modified in some way to help ensure inclusion of *all* participants in the findings? In hindsight, it may have been one of the researcher's unconscious pre-assumptions that therapists working dually *must* be thinking in an integrated way, whereas it seems clear now that the use of sensate focus in psychodynamic psychotherapy does not necessarily lead to integrated practice. *Using* both paradigms is not the same as *integrating* them. The researcher had not anticipated this possibility, nor thought through whether and how to use such data in her findings. It is a moot point as to whether the recruitment process might have been modified in some way to identify integrated and non-integrated practitioners *before* arranging the interviews. That said, it was difficult to assess the quality of data emerging from the interviews before analysing the transcripts; therefore attempts to categorise potential interviewees earlier in the research process, that is, before or at the recruitment stage, might have risked excluding some therapists who were working explicitly or implicitly in an integrated way.

5.3.7 Managing ethical issues in fieldwork

Ethical issues permeate the entire research process including the final report. In this inquiry, a risk assessment specifically for fieldwork activity was undertaken and the proposed study was approved by UREC (UEL) in October 2014 and by TR (appendices 3 and 4). It was concluded that the overall risk involved in the fieldwork was very low both for participants and researcher. Participants were all peer professionals, all highly experienced in psychotherapy and human emotional life, all with in-depth self-understanding and self-awareness and highly capable of managing and resolving all types of feelings which might emerge in an interview. All participants stated after the interview that they regarded the encounter as a positive learning opportunity and experience, which had changed their prior knowledge and perceptions, and led to changes in their attitude to and use of sensate focus. Such outcomes contributed to the project's catalytic validity (Stiles, 1993), as discussed in subsection 8.3.2.4.

The ethical protocols used in this study's fieldwork were in line with the recommendations proposed by Willig (1996) and comprised five essential components: namely *informed consent*; *no deception,* so the whole research process was made transparent from the first contact with participants; *right to withdraw*; *debriefing at the end of each interview*; and *participant anonymity*, which in this study included participants' clients. Two additional measures were taken to safeguard participant and client anonymity alike; the first was the adoption of pseudonyms for psychotherapists, rather than, say, giving each participant a number as is the case in some qualitative reports. The pseudonyms are used throughout the thesis to maintain a sense of each psychotherapist's individuality and personality, as favoured in IPA. The second measure was to send participants the excerpts from their transcripts describing clinical cases, so that they might approve the excerpts for publication in the thesis and beyond. After mostly minor changes in three cases, all approvals were given.

5.4 Designing the interview approach

The in-depth interview is the most widely used data collection method in psychological research and is the exemplary method for IPA for two main reasons. First, the structure of a semi-structured interview, with only a few, open-ended questions, is compatible with IPA's *idiographic* focus. In this inquiry the semi-structured interview enabled participants to focus on their unique experiences, "giving voice to" their ideas and how they make sense of their clients' reports of their homework (Larkin, Watts and Clifton, 2006, p. 102). It was an appropriate instrument for the exploration of psychotherapists' perceptions of their clients' inner worlds and patterns of relating (Smith, Harre and Van Langenhove, 1995). Secondly, this study required *rich data*, and the depth interview was the tool most likely to yield such data.

The successful semi-structured interview depends greatly on the researcher's ability to create rapport, build trust and listen with focus and patience (Willig, 2008; McLeod, 2011). For psychotherapists, these are all required skills in clinical work, and as interviewer-clinician, the researcher was well aware that both parties had a stake in the interview (Willig, 2008), with one professional, the interviewee, disclosing personal and professionally sensitive information. A skilful interviewer also follows the

participant's signals and pursues the meanings of them, eliciting different and sometimes contradictory perspectives, so that together the interview couple construe a new account (Burck, 2005). This point was borne out during the data-gathering stage by the researcher's interview experience, which increasingly she viewed as an interactive event that changed both parties and created shared new knowledge and awareness. This co-creation of knowledge is discussed by Finlay (2002), who maintains that interviews do not simply reflect experience, but enrich and augment it, altering meanings and changing investigator and interviewee alike.

According to Smith and Osborn (2003), the in-depth interview has two notable limitations or challenges. The first is the reduced control of the researcher. In this inquiry, however, the interviews generated the wanted data, meaning that researcher control was not an issue. The second challenge is that transcripts are harder to analyse than those of structured interviews. This point was confirmed during the analysis of the transcripts, which took more than a year, with several hundred themes emerging from the data before the process of abstraction (Smith, Flowers and Larkin, 2009) began.

In consultation with research supervisors, the researcher designed the interview schedule (table 5.2), which consisted of a small number of open-ended, neutral (not leading) questions. The schedule started with general, 'warm-up' questions, such as the psychotherapist's preferred job title, training and experience, and her average number of couples seen weekly, before moving on to research-led areas of interest. Given the complexity of the topic, care was taken to write the questions in a clear, simple way, making them easy to understand. In a semi-structured interview, the respondent "shares more closely in the direction an interview takes" and "should be allowed maximum opportunity to tell their own story" (Smith and Osborn, 2003, p. 57). This investigation into psychotherapists' stories of their clients' stories might be viewed as a *triple* hermeneutic: the researcher's task was to make sense of participants making sense of their clients making sense of their experience of sensate focus.

It was crucial for the internal coherence and validity of this study for participants to give clinical examples, or case vignettes, to substantiate their thoughts and claims. Case

examples were usually given spontaneously during interviews to illustrate points made, but were also solicited by the researcher as required, with due care given by both parties to protecting clients' anonymity. Interestingly, although it was anticipated that the warm-up questions would provide useful factual, background data on participants' professional profiles, responses to the request for their job titles conveyed much more about professional issues than merely factual data. This interesting avenue is discussed further in sections 6.5.3 and 7.4.

5.5 Conducting the interviews

5.5.1 Pilot study

In addition to the 10 interviews conducted for this study, the researcher organised a rehearsal interview, which had a key role in the achievement of quality in the project overall, but which was not included in the final data set. The exclusion of the rehearsal data was at the request of the interviewee, who was in the target population and wished to help with the inquiry, but did not want to be quoted in the final report. The purpose of the rehearsal was to ensure that interview preparations and procedures were conducive to a creative and efficient experience for both parties. The rehearsal confirmed the benefits of arriving early to prepare mentally for each interview, allowing time and space for note-taking of present feelings and thoughts; reading through the interview schedule to memorise it, freeing the researcher to watch and listen; and reflecting on preconceptions relating to the project and the interviewee. The rehearsal also illuminated the value of leaving time and space afterwards to make notes on post-interview impressions and on relational processes such as transference and countertransference, queries about the participant's responses, and the body language of both parties; and importantly, to be able to process the intense and unique experience of each interview.

The rehearsal had two other purposes. Firstly, it allowed the researcher's interview skills to be confirmed. In qualitative research literature, it is acknowledged that psychotherapists adapt easily to interviewing (Kvale, 2007; Finlay, 2011). In this study psychotherapy skills proved immensely helpful when conducting research interviews, particularly skills such as active listening, empathy and an ability to work confidently and comfortably with silences and the 'not-knowing' of human interaction. Similar to

the task of interviewing, the task of psychotherapy is to enable the other person, interviewee or client, to communicate his own experience and its meanings. However, there are two critical differences. The first is that the psychotherapist's mindset is to interpret the material and the relational dynamics moment by moment, whereas the researcher is trying *not* to interpret anything at that stage. Secondly, the psychotherapist works to understand the here-and-now emotion, behaviour and responses of the client during the session, whereas the psychotherapist-as-interviewer must stay focused on her research goals and attainment of them, as discussed at the end of this chapter.

A second interview was carried out soon after the rehearsal and the two completed interviews provided a basis on which to assess whether the interview schedule, and indeed the whole design of the study, would in all likelihood yield the wanted data (Burck, 2005). This was confirmed through careful analysis and discussion of annotated transcripts with research supervisors. The data elicited in the second interview was included in the overall data set.

5.5.2 Main study

Nine further interviews proceeded as planned. At the beginning of each interview, two consent forms were signed by both parties, with one copy given to the participant. All interviews were recorded on two digital voice recorders rather than one, as a failsafe measure. Recording of an interactive data collection event is essential to the method of IPA, which requires transcription at a semantic level of both participant and interviewer (Smith and Osborn, 2003; Langdridge, 2007). Care was taken to make recordings of good acoustic quality to help ensure high quality of transcription. Duration of the interviews ranged between 70 and 123 minutes.

In all interviews the researcher avoided note-taking for three reasons: first, to focus on and develop rapport with the participant; secondly, to avoid being distracted from listening to and observing the spoken and relational content of the interview (conscious and unconscious, verbal and nonverbal communications); and thirdly, to avoid distracting the participant from the topic (Willig, 2008).

5.5.3 Transcribing recorded interviews

Each recorded interview was transcribed in Microsoft Word software in a format compatible with IPA procedures, with line-by-line numbering and wide margins on both sides of the page. Transcription of interviews stayed close to the spoken content, which is the focus of phenomenological qualitative research (Langdridge, 2007, pp. 74-75) and excluded the mass of "intricacies of speech" required, say, for discourse or conversational analysis. Although all prosodic features are not needed for IPA, the researcher included significant utterances, intonation, emphases, changes in pace, volume and significant silences, false starts, laughter and repetitions (Smith, Flowers and Larkin, 2009). The aim was to capture the experience of the interview as far as possible, whilst acknowledging that a transcript "can never be the mirror image of the interview" and is in effect a form of translation (Willig, 2008, p. 27).

The advantages of the researcher transcribing her recorded interviews are well covered in the literature (Kvale, 2007; Finlay, 2008). According to Finlay (2008, p. 229), the act of transcribing provides time to "dwell with" the data, which helps make sense of the phenomena, ensure the accuracy of the transcription and evoke emotional and cognitive responses, which help the analysis. In this study, following transcription of the first two interviews (rehearsal and pilot), an injury compelled the researcher to outsource the transcribing task in order to stay on schedule. The researcher located a known, trusted and confidential transcription service through academic colleagues and provided a transcription template to achieve consistency in approach and output quality. To maintain ethical practice, the participant information sheet was amended to advise participants that a transcription service would be used.

Arguably there were substantial gains from outsourcing the transcription of the interviews. The time gained, possibly 150 hours, was spent listening several times to the interviews as well as proof-reading and sometimes amending transcripts against the recordings. In these ways the researcher remained 'immersed' in the content of the interviews and focused on managing, absorbing and analysing the copious amounts of emerging data. In hindsight, it would have been more efficient to outsource the transcription of all interviews.

Table 5.2: Interview schedule

This interview schedule was used in all interviews.

	Sensate Focus Research Project **<u>Interview schedule</u>**
Introduction	*Thank you. Signing of consent forms, checking in about general comfort and confirming that the participant is happy to proceed; switching on of voice recorders (two), and checking briefly that they are working.*
Warm up	What is your preferred job title? When did you train in couple psychotherapy? What is your main theoretical school? How did you first learn about sensate focus (SF)? How many couples do you see per week? How often roughly do you use SF?
Main questions	How did SF fit with your understanding of sexual dysfunction at the time you first learned about SF? Has your understanding of the theoretical justification for SF changed since? What is your understanding of the theory behind SF now? How do you decide when and how to introduce SF into the work? Can you give me an example? How have you been influenced in your use of SF by the dynamics of the therapeutic process?

	Interview schedule continued: In your view, how do couples respond to SF when you first introduce it? And as they're working through the programme? What thoughts do you have about the therapeutic value of SF? In your experience, how does SF help with the work of the therapy? Does SF do what you intend it to do?
Clinical examples	*- to be requested to support the therapist's claims*
Prompts	Please could you tell me more about that? It sounds as though... What did that mean to you at the time? How did you feel about that?
Closing	Thank you. How did this interview go, do you feel? What was the experience like for you? Can I come back if necessary? Any identifying details of clients?

5.6. Analysing the data

Smith, Flowers and Larkin (2009) expound their data analysis method clearly and suggest that a researcher new to the approach follow the guidelines with reasonable precision. In this study, the researcher had no prior experience of qualitative analysis and so adopted the above authors' method step by step, as described below.

5.6.1 Exploring codes and emergent themes

Following transcription, data analysis was undertaken case by case. Having listened to the recorded interview and read the transcript several times, the researcher produced a line-by-line analysis of the participant's account. Each line was coded, which means annotating in the right-hand margin the salient content of each line whether *descriptive, conceptual* or *linguistic*. Two arresting examples of the latter were first, the word "frozen", used by one participant to describe a couple's pattern of relating; and secondly, a comment that using sensate focus with some couples would be "like putting a plaster on an aortic bleed". Here the participant used metaphor to convey the futility of the behavioural tool in certain circumstances. In this study, coloured inks were used to differentiate between the three types of codes described above. This helped the investigator decipher the emergent themes, which she then listed on the left-hand margin of the transcript.

5.6.2 Developing emergent themes and searching for connections between them

The researcher decided at this point not to use a software program for the analysis, preferring a hands-on, close connection with the data. In each case, emergent themes were transferred in a chronological list from the transcript to a new, discrete Microsoft Word document. The longest transcript yielded more than 150 emergent themes, which were then abstracted and reduced, with repetitions eliminated. Around 30 emergent themes per participant is a workable number in this early stage of analysis (Gil-Rodriguez and Hefferon, 2015), so the researcher continued with the abstraction process until that number was achieved. Emergent themes in the first manuscript were then grouped into clusters. This task was done manually: printed themes were cut into individual pieces of paper and spread on the floor, both for ease of organisation of data and to provide a visual impression of the 'whole', as well as the detailed 'parts'. The

latter could be re-arranged into different clusters and the changed 'whole' reconsidered, as in the hermeneutic circle. At this point, the researcher began working towards identifying subordinate and superordinate themes. On completion, the first two annotated transcripts and associated clustered themes were discussed with research supervisors, who corroborated the analysis.

5.6.3 Developing superordinate themes

Gradually the most salient themes for each participant moved to the foreground, as other seemingly marginal themes were relegated to the background for review later in the analysis. Evidence for possible superordinate themes became apparent at this early stage, such as *assessing when to introduce sensate focus* and *the developmental potential of sensate focus for couples*. The latter remained one of the four superordinate themes throughout the analysis, whereas the former was deleted because, though interesting, it was irrelevant to the research question, insofar as it implied that the exercise programme was introduced automatically in couple work. The related themes of the first potential superordinate theme were then re-evaluated and connections to other themes explored. As the main data set grew, the researcher re-engaged with the superordinate and subordinate themes many times, always keeping the research question and the participants' unique experiences in mind. According to Smith, Flowers and Larkin (2009), a successful analysis must be clearly grounded in the data and credible. Progressive decisions and steps were recorded chronologically and kept in digital and paper files.

5.6.4 Considering the ethics of the analytic process

Although in the past IPA analyses have ended with a table of descriptive master themes, recently researchers have included insights beyond description (Willig, 2008), as in this study, where psychoanalytic interpretation was critical. Imposition of meaning in this way, claims Willig (2008), enriches the research, but gives rise to ethical issues. Among these issues is the balance of power in the researcher-participant relationship. In this regard, Kvale (2007) points out that the research interview cannot be thought of as an open dialogue between equal partners. Structurally, claims the author, there is an asymmetry of power in favour of the researcher. The interviewer initiates the interview, decides on the topic, asks questions, and decides which answers to explore and then

closes the interview. It is a one-way system, Kvale (2007) asserts, in which the prerogative of the researcher is to interpret and report what she thinks the participant meant. The emphasis of a research interview is knowledge production and the researcher must remain goal-focused. Arguably in this inquiry the asymmetry of power was mitigated to an extent by the fact that all interviewees were peers of the researcher, all using psychoanalytic theories in their clinical work and so sharing a professional language and approach to couple psychotherapy.

The above claims voiced by Kvale (2007) and Willig (2008) also give rise to the question of how the researcher might 'contaminate' the data through the power she holds during data collection and analysis. Arguably a researcher cannot escape interpretation and intersubjective phenomena *at any stage of the study*. This may be particularly true in the case of psychotherapists, whose professional stance is precisely to interpret clients' narratives. As Brocki and Wearden (2006, p. 99) reflect, "the results of psychological research reflect the researcher as much as the researched". This point is considered further below and in section 7.6.

On this topic of the investigator's contamination of data, it is widely argued in the realm of qualitative research, for example by Steier (1991), Finlay (2002; 2011), Shaw (2010) and McLeod (2011), that, to a degree, the researcher's *reflexivity* works to protect the integrity of the data and results. In this respect, Fonagy (2000), Finlay (2002) and Kvale (2002) all give credit to the intense self-awareness generated by individual psychoanalysis, which helps the researcher to maintain a stance of critical reflexivity throughout the project. An example of the researcher's reflexivity in this study came at a mid-way point in the analytic endeavour. With five transcripts analysed, the researcher decided to go back to an earlier phase in the analysis, select the richest quotations from the five transcripts and compare them with the developing subordinate and superordinate themes. This action was taken in view of the assertion by Smith, Flowers and Larkin (2009) that each stage of the analysis takes the investigation further away from the participant and closer to the researcher. This mid-way check, however, confirmed that the themes generated in this study had remained close to participants' experience.

Interestingly, Rizq (2008) has a different take from the above arguments. This author regards all aspects of a study from start to finish as inseparable from the researcher-

participant relationship, including their histories, personal perspectives, and felt and actual power relations. The emotional nature of undertaking a qualitative study, she protests, is subsumed under discussion of ethical dilemmas, and disappears behind demands for "proper validation" by peers and interviewees (p.40). Rizq poses the difficult question of how to "maintain and balance a sense of personal and academic integrity" in a project which, psychoanalytically speaking, "involves a complex intersubjective interplay of conscious and unconscious dynamics" (2008, p. 40). Drawing on theories of the analytic couple as a mirror of the research couple, the author claims that a 'third space' is required: the researcher must maintain her independent capacity to think. Only the researcher's mental independence from both her topic and participants permits a detailed analysis and insightful interpretations. This mental independence, similar to reflexivity, equates to a person's capacity to be an observer and think about self and other as separate entities with separate minds interacting in particular ways. This is also a goal of personal and couple psychoanalysis.

Moreover, the observer space is located in a different part of the mind from the involved-participant space which a psychotherapist occupies in clinical work (Tuckett *et al.*, 2008). In his book review of Tuckett *at al*. (2008), Hewison (2009', p. 723) comments:

> … the book shows us clearly the struggle between an impersonal attention to the work presented and a highly emotionally involved response to clinical practice… [it gives] the reader a sufficient taste of this tension for themselves.

In this inquiry, the researcher attempted to apply a degree of objectivity during the writing of the thesis by adopting the third-person position, using "the researcher" rather than the subjective, first person position of "I". This decision was part of an overall strategy of "epistemic objectivity" in order to manage and clarify researcher bias during the project (Searle, 1995, cited in Britton, 2004, p. 51). However, results were inevitably skewed since the researcher had both a professional and an academic interest in the research topic. To clarify and counteract her prejudice, the researcher maintained a reflexive research diary, noting how she interrogated method, developments and decisions continuously; she also shared her material throughout the research process with a range of senior peers, most of whom were both practitioners of psychoanalytic couple psychotherapy and experienced research project managers. This material included participants' transcripts and quotations, the development of themes and

interpretations, and the drafts of thesis chapters, thereby exposing her thinking to other people's scrutiny and interpretation and making the inquiry richer and more transparent. Possibly the longest and the most intensive period of constant reflexivity was during the production of the discussion chapter, which required pulling together the IPA results and related psychoanalytic theory and interpretations. This fact may illustrate the professional and intellectual challenge of treating couples with sexual problems as a dual psychotherapist, that is, informed by the two different paradigms of psychoanalysis and psychosexual therapy, and also the challenge of a dual role as clinician-researcher.

In this chapter, the reasons for using IPA as the research instrument to both collect and analyse data for the study have been put forward. The researcher has also described steps and decisions taken in operationalising this instrument and addressed some important questions about inevitable researcher bias in this project. It is impossible to resolve these issues completely; however, the researcher sought to maintain firstly a commitment to grounding her analysis, results and report in participants' experiences, and secondly an explicit and implicit mental position of critical reflexivity.

CHAPTER 6 RESULTS

6.1 Introducing the results

The methodology described in chapter 5 was completed and the analysis of the data showed four superordinate themes from eight participants, with 14 subordinate themes identified. Although 10 psychotherapists were interviewed and their transcripts analysed, data from only eight of them were included in the results, as discussed fully in sections 5.3.6 and 7.4. A list of all themes is shown in table 6.1. The superordinate themes were: *accessing anxieties about sexuality*; *facilitating couple development*; *working with possible manifestations of aggression*; and *challenging couple psychotherapists*. The selection of the four superordinate themes was influenced by four main considerations. The most important of these was the relevance of the data to the research question, followed by the clarity of participants' descriptions of their clinical experiences illustrated with case vignettes; the richness and complexity of the data supporting the theme; and the psychological depth and significance of participants' observations about sensate focus.

A notable finding overall of this study was that, although all participants had been using sensate focus for many years and regarded it as a valuable therapeutic intervention, their general attitudes differed significantly, from being passionately in favour of the tool, to a marked wariness of its impact on couples and the therapeutic relationship. Participants' relationships with sensate focus were unique in each case, as illustrated in chart 6.8. That said, all participants acknowledged the potential power of the prescribed touching exercises and conveyed concern and care in their deliberation of whether or not to introduce sensate focus into the couple work. Moreover, most psychotherapists in this study were aware of a substantial change in their thinking about sensate focus since they were first trained in its use. This change and other comments made in this paragraph are discussed further in chapter 7.

Table 6.1 Superordinate and subordinate themes

This table shows the four superordinate themes and the 14 related subordinate themes which emerged from the data analysis of eight interviews. The first three superordinate themes related to clinical practice, whereas the fourth superordinate theme concerned participants' issues about professional training regarding sensate focus and the topic of sexuality.

Superordinate themes	***Subordinate themes***
1. Accessing anxieties about sexuality	1.1 *Exploring embodied experience* 1.2 *Providing another way into the problem* 1.3 *Linking the present to the past*
2. Facilitating couple development	2.1 *Repairing shame* 2.2 *Promoting psychological separateness* 2.3 *Creating room to explore and play* 2.4 *Encouraging talk about sex* 2.5 *Making connection and reconnection possible*
3. Working with possible manifestations of aggression	3.1 *Respecting no-change decisions in couples* 3.2 *Protecting against harm* 3.3 *Using the therapist's subjective experience*
4. Challenging couple psychotherapists	4.1 *Understanding sensate focus* 4.2 *Instating sex in couple psychotherapy* 4.3 *Integrating practice*

6.2 Superordinate theme 1. Accessing anxieties about sexuality

Couple psychotherapists in this study were universally in agreement that sensate focus was diagnostic in terms of illuminating the many possible trauma experienced in the formative years of life which might have had a negative impact on individuals' sexuality. Indeed many participants used sensate focus for that purpose, that is, to gain access to clients' unconscious emotions and patterns of attachment arising from early relationships with parents or caregivers. Most participants perceived that primitive anxieties resulting from preverbal trauma were held in the body, were stored in the implicit memory, and resurfaced in a myriad of ways in adult partnerships. This section shows how participants focused on cases in which those anxieties, once accessed, had been able to be worked through within the couple therapy.

6.2.1 Exploring embodied experience

Many participants made sense of their clients' reported experience in the caressing exercises by connecting couples' responses with experiences of being touched, handled and held in their mother's arms during infancy. Ellen, for example, was not concerned with the traditional step-by-step programme as such, but used the basic exercises to start to build an in-depth understanding of individuals' preverbal, embodied experiences:

> I'm not going to ask how many times did you do the homework, how many minutes was it and how did you feel when he touched you? You know, it's more like, "So, what's happening in this process for you guys?" So when I do use it, I think ... well, I think the body gets missed sometimes in therapy, the kind of bodily skin-on-skin stuff and how we understand what's happened to people at a skin level, infantile stuff. And I think sometimes if you can use aspects of sensate focus it can help people get back in touch, or get in touch with something of that. (Ellen, 318-323)

Ellen appeared to value how touching and nakedness, essential elements of the exercises, enabled partners to know about and tolerate their own primitive fears of intimacy and their vulnerability in being seen and caressed by another person. In her view, these feelings might then be acknowledged verbally and as a result both partners might develop a greater awareness and understanding of their emotions held until then

in the unconscious:

> It's about learning what your responses are and understanding yourself in the presence of another. And so it's … it's really about *that*, and it's not about technique or anything else. It is about lowering anxiety; it is about learning how to be vulnerable. And I think one of the valuable things I still think about sensate focus is that it allows people to understand how scared they are of their vulnerability in the face of their bareness, one with the other, their nakedness. Yeah, that's kind of why I find it useful. I think it's always very interesting when couples start it and they come up against how scared they get in the therapy and in their homework. (Ellen, 116-132)

Similar to Ellen, Sarah introduced sensate focus into clinical work to access partners' early tactile experiences, but also because it provided clients who found it difficult to speak about their feelings with an alternative channel of emotional communication:

> If you don't go into the physical, the sensate focus part, you're then relying on people being articulate about their feelings and some people aren't. So if you start them on the sensate focus gently, kindly and telling them that they can't get it wrong, it's about making discoveries, well, then it becomes a terrific diagnostic tool. None of us knows what's going to happen. In using it, I want to go back to the preverbal senses. (Sarah, 215-223)

Rosa integrated sensate focus into her couple work, but often more as a *concept* than a *tool*. She described how the mere act of speaking about sensate focus might have different, helpful effects on the couple. For example, in the excerpt below, Rosa found that introducing the touching exercises might mobilise anxieties and defences in both partners, which the therapist could then address. Secondly, there was a permission-giving aspect of her naming the concept: she voiced the partners' thoughts of which they had been ashamed ("You want us to do *what*?") and that helped repair their shame and encourage the couple to start speaking about sex, too. Rosa's intervention therefore touched on two superordinate and three subordinate themes (*accessing anxieties about sexuality/exploring embodied experience,* and *facilitating couple development/repairing shame*/*encouraging talk about sex*) and was a good example of the interconnectedness of themes in this study:

> Sensate focus feels like an aspect of therapy that gets integrated when it makes sense. A lot of times I'm doing it without the behavioural piece, just using, planting the idea of it, the thinking about it, "If you were to do this, what would

> happen?" And ... em … well, you don't really have to do sensate focus, because it's the *idea* of doing it that gets the dynamics going with the couple and you end up working with their resistance, but then some people are very modest and have so much shame: "You want us to do *what*?" So maybe they do a little bit of it, or ... have a try, or they get a taste … in their minds at least, anyway. (Rosa, 1207-1291)

These participants, among others, described how they used sensate focus to explore the unconscious preverbal experience of their clients. In couple work, participants used the touching exercises to help both partners think about their difficult responses in sensual, intimate environments and provide an alternative means of emotional-relational communication with their partners and their psychotherapist.

6.2.2 Linking the present to the past

Most participants found that sensate focus helped clients recall unresolved traumatic events in their family of origin and link them to their current sexual problems. Alexa described how for one couple presenting with loss of desire, the touching exercises brought a traumatic memory sharply back into the woman's awareness:

> She was very concerned that she'd gone off him, very distressed and slightly panicked by her loss of desire for him. And the level of her distress was hard to understand and only became clear after I set them sensate focus. And the first time they did it, it was fine. And the following week it was okay, but there was a real reticence on her part. And then it emerged that her father had left her mother when she was two and a half, and it was her earliest memory. She remembers the whole thing of the father with the suitcase, the mother holding onto his leg and just standing there, crying and crying, and then the mother crying and crying and crying. So what happens if you're not sexual enough? Does the man leave? What happens if you don't fancy your partner? Do you leave? In other words, her loss of desire was somehow catastrophic. And so I stopped the exercises because it had brought up something that was much more important to think about. (Alexa, 535-612)

From Alexa's perspective and her clear clinical example, sensate focus helped bring repressed trauma into the client's consciousness, so that it could be understood and worked through.

Similarly, Ken described using sensate focus to help one couple understand the

woman's discomfort with her partner's nakedness in particular, as well as with her own. The roots of her distress seemed to be connected to a paternal transference and a repressed memory of an angry father shouting at his innocent daughter:

> I'm thinking of one client in particular, who didn't feel comfortable with her partner being naked and then we worked out why, making the link to an angry, authoritarian father who shouted at her when as a child she saw him naked. She is now able to cope with her own nakedness and her partner's, but she keeps a shawl close by, which she can throw over herself if she feels a moment's jitter. (Ken, 103-117)

In Rosa's case, one woman became conscious of an abusive experience through sensate focus; through the resolution of the abusive experience in her mind and the man's realisation that her negative response to his touch was not his fault, the two partners found a way of feeling safe together when touching. As a result they were able to do the exercises:

> I had one case where the woman was having body memories in the sensate focus exercises and remembering inappropriate touching and really freaked out in the moment and pushed him away. So it was good that they could come in and talk through what had happened, because he felt so traumatised by her trauma. "I didn't hurt her", he said. She had remembered a sort of a coming-from-behind experience, not sexually but a touching by someone behind her, a somatised memory. Back in the therapy room she was able to piece it together. It threw them for a while. But it was healing for him to know that it wasn't about him; that realisation healed his shame about being a bad boy for wanting to touch her. After a while they could discuss how they could make doing sensate focus safe for them both and that discussion led to them being able to do it. (Rosa, 817-1052)

By contrast, Mary described using the caressing exercises with one couple to help the partners engage with each other in a nonverbal way and indirectly to explore the man's 'unreasonable' anger with his wife. For Mary this intervention had the desired effect of illuminating the couple's shared power struggles, which seemed to be fuelled unconsciously by the man's parental and sibling transferences:

> I suggested we work on the sexual relationship as a way of working on their engagement with each other, and they were both keen on that idea. So I started them on sensate focus, and actually it's worked very well in terms of highlighting quite a lot of power issues and anxieties, and this is a guy who's got

> a mother, a stepmother and five older sisters and as soon as his wife wants something, he swears at her. His reaction hooks out of a mother and big sister transference in a very unhelpful way. (Mary, 275-284)

It seemed that participants were describing their clinical experiences of using sensate focus to illuminate emotional trauma in each partner. They seemed to regard the tool as a positive, boundaried and safe way of exploring links between traumatising aspects of childhood relationships and adult sexuality, with the benefit of furthering the partners' understanding of self and other. However, sometimes the exercises were stopped to allow emerging trauma to be acknowledged and resolved verbally within the couple-therapist relationship.

6.2.3 Providing another way into the problem

In many instances participants seemed to think that *talking alone* was not enough when working with couples' sexual problems. Sarah suggested that a wider range of discoveries were made when the touching exercises were introduced into the therapy:

> The therapist is going to pick up all sorts of stuff, which probably wouldn't have come out if you'd just been talking, because it's so deeply in the unconscious. (Sarah, 298-300),

whereas Kathryn suggested that sensate focus might give access to couples' unconscious dynamics *more quickly* than talking:

> I think that, working with an integrated model, sensate focus brings up, or makes accessible, sometimes the psychodynamic issues which may take longer to get to in other ways. (Kathryn, 766-769)

Kathryn also used sensate focus as an intervention when she wished to challenge couples who seemed reluctant to explore their sexual relationship and persuade them to dig more deeply into the possible roots of their sexual problems:

> The couple might be saying, "If only we had sex, it would be fine". If then they try to do the first sensate focus exercises, the chances are they will come back not able to engage with that and more open to thinking about what might be going on. (Kathryn, 149-154)

Furthermore, in Kathryn's view, many months, or longer, of verbal therapy *alone* might not translate into sexual change in the couple:

> Because the sexual behaviour is physical, clients get completely frozen, so they might be able to understand where it's coming from, how it's developed, what the problem *is*, but it doesn't necessarily help them to change it. And that's where sensate focus can be incredibly useful in giving clients a safe, boundaried way to proceed and engage, sensually as well as sexually. (Kathryn, l87-94)

Ellen, by contrast, found that the touching exercises could help access partners' vulnerability when they seemed to be using talk as an impenetrable defence:

> I think doing it bodily for her has shown her something that talking couldn't; she could talk a blue streak, they talk all the time. They say they communicate, and I'm not sure how much they really do. And I think that's what the space without words is about in sensate focus. They learn, they're learning how to stay in themselves more at a physical, bodily level without the anxiousness of talking and talking and talking and talking. (Ellen, 227-299)

In this way, Ellen used sensate focus to illuminate problematic emotional aspects of the couple's relationship through a physical route. Here she described how owing to their apparent frustration, the couple had been given "something to do" to address their problem; they then struggled with and were defeated by an idealised expectation of a seamless sensual experience:

> They haven't been having any sexual contact for quite a while, and she's got tired of initiating. He's quite passive. And a lot of our work has been about that process, her expectations of him, and him hiding, metaphorically speaking, in the toilet from her upset. One way or another he's in the doghouse or the toilet. Then they were very clear about it, they said, "We would like something that we can do, so we feel we're doing something". So we are sitting for the past three months at sensate focus one. Not moving on, because they're finding it very difficult. And so they're learning quite a lot about what it is that they are … hiding from through not doing, not setting it up, setting it up but finding it a bit boring … quite liking it but her being in tears because she shouldn't have to be doing it this way. And I think that the learning is that she doesn't want to have to negotiate the difference, the space between them at all. And what's interesting about sensate focus is that you can actually get to something like that. (Ellen, 227-299)

In a different approach from these three participants, Rosa decided to use sensate focus

specifically to enable a woman to talk about her sexual avoidance, in other words, to give voice to her client by working with the client's body:

> I have a young couple, raised as Catholics, so they have a lot of negative ideas about sexuality being bad, dirty. She doesn't want to have sex and he does. I realise how little they both know about sex and all the shame they have about it. I have asked them about trying sensate focus and she has not been willing to do that until now. Now she wants to get pregnant. She has been so closed about why she hasn't wanted to do it. I'm hoping as we try the exercises she will be more articulate about that and use the space to do that. (Rosa, 648-666)

In particular, Mary summarised the value of using a different entrée into couples' sexual problems:

> It's like a varifocal lens. You can affect things going on unconsciously by intervening on a behavioural or conscious level. You can of course affect things that are manifest on a conscious or behavioural level by intervening unconsciously, but I don't think it's all one way. I think the systems are very interconnected and with some people you've got to get in where you can. (Mary, 226-230)

Implicitly participants in this study were working in a three-dimensional way, using a "varifocal lens" to treat couples' problems, using touch as well as language as a medium of therapeutic change.

6.3 Superordinate theme 2. Facilitating couple development

All participants appeared to believe that sensate focus facilitated couples' development: it had a key role in repairing each partner's negative patterns of relating learned in the past and in helping the couple create new secure patterns of relating in the present. Of the four superordinate themes emerging from the data in this study, this is the most frequently referenced, as shown in chart 6.1.

6.3.1 Repairing shame

The topic of shame permeated all participants' accounts of couple work, partly explicitly but mostly implicitly, as in Sarah's excerpt, in which the references to "vulnerabilities" and "difficult stuff" arguably conveyed shame along with other affects:

> It's very vulnerable to be lying there with no clothes on and to be touched by your partner and perhaps that can bring up anxieties and whether you can show your partner your vulnerabilities. It's about sharing difficult stuff. (Sarah, 628-630)

Ellen described how shame might be apparent as soon as a couple entered the therapy room:

> The fact that they are bringing themselves and their relationship, and their sexual part of their relationship, to somebody else might be a very shaming process. (Ellen, 359-361)

Three participants, Kathryn, Ken and Robin, described case vignettes in which shame was overtly expressed and moderated or mitigated through sensate focus, leaving their clients freer to express their sexual feelings. In the first case, Kathryn's clients grappled with the shame of having had very different experiences of sex before they met:

> He was very narrow in his sexual experience. And he'd got a wife who was much more sexually aware and sexually experienced, but who actually felt ashamed of that because her husband couldn't engage. She felt that she was, you know, much too sexualised. And as they went along in sensate focus, she was

> able to express her own sexuality more and she was able to, in the sessions, to talk to him about what she wanted to do and they started talking about their fantasies at home. And they really worked through the shame and eventually left with a much richer sexual relationship. (Kathryn, 218-237)

In the second case, Ken introduced sensate focus to heal a couple's shame about the man's use of pornographic material, splitting off his sexual needs from his relational needs:

> The internet porn was not an addiction, but more about his need for excitement. And his life was pretty humdrum, and so was hers. They had drifted into a sort of miasma of just nothing. I started seeing them about a year ago and we've only now started to touch on sensate focus. But they are very motivated. We've actually spent a lot of time working on the shame, the shame element, and maybe her shame … "I didn't do enough. Am I partly responsible for his need of porn?" And sensate focus is helping with that, helping heal their shame. (Ken, 352-365)

Thirdly, for Robin, a degree of shame was "necessary and healthy", but in couples where there was "toxic" shame, the touching exercises could facilitate self-acceptance and overcome fears of being seen:

> I decided in supervision that maybe they were ready to try sensate focus, so we did, and they couldn't do it. Didn't know why, and it emerged that she had some kind of blemish which had affected the pelvic area. And then it began to dawn on her how much she hated him seeing that part of her body. It was a really unconscious avoidance that sensate focus had brought out. And just for the record, they did eventually have sex and he managed to convince her that he really didn't mind. (Robin, 209-218)

6.3.2. Promoting psychological separateness

Kathryn had used sensate focus to encourage one particular couple to express their differences and separateness in a *physical* way in order to develop a healthier *psychological* separateness:

> The husband's belief was that the only successful sex was intercourse and simultaneous orgasm. Once we'd started the sensate focus programme, they wanted different things, and so I put them on separate levels. He had to experience things that were separate from her experience, and not linked to

> "well, I'm going to orgasm now, so she's got to orgasm". It enabled them to differentiate far more and enabled him to tolerate being aroused by himself, his own arousal being at a different stage from hers and not having to be united all the time or merged all the time. (Kathryn, 469-474)

In this case, through sensate focus, Kathryn enabled the two partners to experience shared sensual pleasure without the pressure of having to have the *same* experience, allowing mental and physical differences to be borne by the couple.

In some ways similar to Kathryn, Alexa described how sensate focus empowered one couple to talk about their striking physical, ethnic and cultural differences, which up to that point had been avoided. When they became conscious of their shared defences, the partners felt more able to acknowledge their separateness and their physical, emotional and sociocultural differences:

> The couple's communication was poor, and what came up quite quickly with sensate focus was that they couldn't communicate well enough even to do the exercises. And it was to do with their differences. They were very, very different physically, and there was no acknowledgement of their differences of culture, of what they looked like and it couldn't be spoken of. And it was only when I gave them the exercises that we could begin to talk about their differences in a very concrete way, whereas before it had been taboo and difficult. And that impacted on their emotional relationship as well. (Alexa, 183-220)

Accommodating different sexual wishes and preferences within a heterosexual relationship challenged another couple in a similar way, as Mary described. She used sensate focus to help the couple think about and manage difficult feelings of intrusiveness in their relationship, alongside feelings of desire for intimacy and unmet sexual needs. Through the touching exercises the partners explored whether they could change enough to achieve a mutual acceptance of their psychosexual and emotional differences:

> The man liked to cross-dress and it was an important part of arousal for him. Working with how that could be integrated within the sexual relationship in a way that didn't feel too intrusive for *her*, but was sufficiently arousing for *him*, was a very helpful part of the process of sensate focus. There was a disjunction but not a dysfunction, and going through sensate focus enabled them to talk about their feelings about it, both positive and negative. (Mary, 525-530)

It appeared that these participants thought about sensate focus as a bodily method of helping couples emotionally and relationally, so that they developed their capacity to tolerate their physical and psychological separateness.

6.3.3 Creating room to explore and play

The whole concept of internal and external space, physical and emotional, in sexual relationships seemed to permeate participants' accounts of their clients' responses during sensate focus. Here below Kathryn described her perception of couples limiting their sensual experience in defensive ways, so that physical and emotional engagement between partners was "narrow" and confined to a small "space", for example the "genitals", rather than the whole body. Kathryn suggested that introducing sensate focus into the work with these clients facilitated an opening-out and an opening-up in the sensual expressiveness of the partners, expanding their physical interaction and their thinking as a couple:

> Where the sexual relationship has narrowed down because the genital part of it isn't working for whatever reason, it becomes very narrow, very focused, very pressurised, and actually being able to broaden it out and give them some sensuality and enable them to engage in a different way is a really important aspect of sensate focus. (Kathryn, 159-165)

Alexa captured a similar theme in the following excerpt, in which she described the association between bodily tension and defensiveness, impenetrability and smallness ("curling up in a ball") and squeezing oneself to shrink so as not to be seen. In this case, Alexa explained how her use of the touching exercises enabled her client to let go of her automatic clenching of her body as an unconscious defence against painful physical abuse ("being kicked"). The link made by Alexa between the reparative experience of loving touch and her client's willingness to relax, expanding into the space and allowing her vulnerability in the presence of her partner was clear:

> What transpired was that as a child she had an abusive father, not sexually abusive but physically abusive, who'd come home drunk and he would lash out. And she remembers literally curling up in a ball on the floor, being kicked. So there was something that had remained with her about bracing herself for something physical and clenching everything to sort of keep it out. So it was almost as though she was repeating that in the sexual intercourse that she was choosing to have. And through the sensate focus, in allowing herself to be

> vulnerable and stretched out, flat, not curled up, she was aware of letting something go. And she didn't understand it. We had to make sense of it when she brought it back. She hadn't made the connection, but then she did. And it was hugely cathartic for her and enabled her to see things in a very different way. It allowed her to see the possibility of pleasurable sex, not quick intercourse, and it changed everything. Interestingly, for him the later sensate focus exercises were more difficult when it became more sexual. I think if you're just talking about sex without the doing of anything, I don't think we would have got to that. I don't think we'd have been able to work with it in the same way. And subsequently they were able to have an entirely different way of being together sexually. (Alexa, 469-497)

Importantly Alexa perceived sensate focus as having helped create a kind of triangular space for the couple, with the therapist allowing herself to be the container of their sexuality. In the first stage the intervention, sensate focus, allowed the woman's attachment issues to surface, giving her a space to think about the link between her father's aggression and the necessary aggression in the sexual act. Sensate focus, according to Alexa, encouraged her client to play with the experience of her father being both the feared and desired object. Eventually the client rehabilitated her representation of her father, relegating that experience to the past and freeing her to appreciate aggression in her partner (no longer the terrifying father in the transference), as well as appreciate her own aggression intrinsic to desire and sexuality. The result was that she no longer needed to "curl up". The woman's integration of her own aggression and sexual urge illuminated another, unexpected area of vulnerability in the relationship, the man's sexual anxieties. In this way, Alexa seemed to regard her use of sensate focus as having provided a sensual playroom for the couple to explore in security and work through each partner's developmental deficits. Alexa's approach helped the relationship become a safe space for further exploration and development of the couple. This case example highlighted the link between sensate focus and emotional-relational development. Furthermore, Alexa's experience was that for this couple, the impact of sensate focus endured:

> And when things got difficult, what was rather lovely is that they would revert back to the early exercises. They had a special room in the house that they would go to and they'd go back to those early touching exercises that weren't sexual to reconnect with each other. And, you know, that was theirs. It was their thing. (Alexa, 530-536)

The concept of safety in sensual touching and exploration permeated a case vignette described by Sarah, who seemed to perceive the space created by sensate focus as a potentially secure place where the couple could relate to each other's needs and begin to develop trust in each other and therefore feel safe, as they explored their sensuality:

> They both commented that the exercises felt safe and they felt safe. Actually they were beginning to trust the process. And she said he talks baby talk and she can't bear it when they're making love, she can't bear it. So she told him this, but it's interesting that the baby talk could be linked back to his childhood and his time in the hospital and that he wanted to feel safe with someone. (Sarah, 457-466)

Thinking further about this couple, Sarah observed that their emotional development was reflected bodily in their progress to sexual intercourse and their shared sexual pleasure and absence of pain ("fun" and "not painful"). Sarah suggested that such development could only occur when a mutual respect and concern for each other's vulnerability and needs were in place. The couple's achievement was evident in their conversation about having a baby:

> After the first sensate focus exercises she said, "If we have a child for a start you've got to learn to drive", and he said, "Yes I will". She hadn't shown her vulnerability so clearly before and explained to him that she needed to feel able to depend on him. Soon after this, they moved [in the exercises] to the erogenous zones, then mutual masturbation and then penetration and the word they used was *fun* and for the first time sexual intercourse was not painful. (Sarah, 609-614)

Other participants observed that as couples progress, the physical and mental space required for the touching exercises might be transformed into an adult playroom. For example, here Robin seemed to perceive the different emotions conveyed in a couple's laughter during a therapy session; he was able to see their shyness and embarrassment alongside their increasing sense of fun as they began to experience sex as play:

> They brought the 'break of the rule' [the ban on sexual intercourse] in, and they laughed and there was a lot of laughter with this couple, a lot of laughter, which is not just an embarrassment and a cover, they are discovering sex as something that they can experience as play. (Robin, 151-158).

Robin's reference to the "break of the rule", as it is known in psychosexual therapy, is the moment when couples 'rebel' in their homework and have sexual intercourse despite having been asked by the psychotherapist not to do so. In this case Robin's perception was that it was a healthy development in the couple's relationship.

6.3.4 Encouraging talk about sex

For all participants, one of the major benefits of sensate focus was that it might enable couples to talk to each other about their sexual experience, needs, wishes and desires. Here Rosa spoke of the sociocultural taboos which inhibited and silenced one young couple, for whom talking about sex was felt to have potentially catastrophic consequences, suggested by her phrase, "nobody dies":

> Sensate focus is about starting a conversation and enabling couples to take in that people do sit around and talk about these things, penises and vaginas, and nobody dies. (Rosa, 1698-1699)

Rosa used sensate focus to facilitate discussions about sex and encourage a sense of freedom in partners to speak openly about intimate, bodily experiences:

> It's so permission-giving to be so overt about sensuality, sensate focus and sex, to talk about it so freely. I am thinking about my young couple … they blushed the first time I even said the word "sex" and here they are, married six years. (Rosa, 775-778)

For Robin, too, the transition which couples might undergo during the process of sensate focus was notable. Partners might change from being shy, closed and fearful when speaking about sexual matters to being able to think and talk about their sexuality openly. In the excerpt below, Robin explained how the experience of sensate focus helped two partners move away from a shared fear of "being seen" and develop the capacity to discuss sex:

> They both wear a lot of black because they don't like being seen … and so it's about being seen in sex and about being able to talk about it, and what they found really hard was talking about their sexual experience afterwards. Now they can actually talk about sex and integrate it more into their lives. (Robin, 162-171)

In Mary's experience, sensate focus helped couples discuss unwelcome and inevitable changes in their sexual relationship. In the first excerpt below, the partners had lost their early passion, implicitly mourning that loss and accepting their new reality:

> Sensate focus certainly worked well with a lesbian couple around the difficulty of accepting that sex wasn't like it was at the beginning, but finding something that did feel pleasurable and intimate, but didn't have that sort of extraordinary intensity that they'd experienced at the start. (Mary, 566-569)

In the following quotation, Mary seemed to think that the partners felt disengaged or distant, and sensate focus helped them discuss their disengagement and think about their individual sexuality. As a result of engaging in sensate focus, the partners began to talk about their experiences and deepen their understanding of themselves as individuals and as a couple:

> They talked a lot about the difficulty of making the transition from their everyday lives into being intimate with each other sensually or then sexually, and that's enabled us to understand quite a lot more about their own individual experience of themselves in the world and of the place of sexual thoughts and sexual feelings for both of them. (Mary, 338-343)

6.3.5 Making connection and reconnection possible

Most participants thought that sensate focus could help couples recover intimacy. Kathryn, Alexa and Ellen in particular described their experience of using sensate focus to enable a couple to connect or reconnect physically and emotionally, and sometimes in a deeper way. Kathryn explained how one couple had become disconnected and mechanical in their love-making and then after starting sensate focus, their physical relationship and hence their whole relationship came back to life through their sensations of touch:

> For one couple, a part of their problem was that sex felt very uncomfortable, formulaic, boring, whatever. Now they've just done the first part of sensate focus. And they came back today and we talked about their responses to the exercises. He said, "I think it would keep a lot of people off the NHS if they did this". And she said, "When I was touching him, I suddenly felt all sorts of loving things for him that I haven't felt for ages". And she was crying and they were holding each other. Now there is a different feeling between them: more

> united, more connected, more loving, less competitive and less attacking. (Kathryn, 1237-1256)

In another case, Kathryn had used sensate focus to help a couple revive their sexual relationship after years of no sex and no understanding of the possible reasons for their continued abstinence:

> Often those couples we see who have stopped having sex, not because of a dysfunction, not because there's any particular reason that anybody can identify, or maybe in the past, somebody died or a baby was born or whatever, and all that has resolved but they haven't managed to resume sex. I think that the opportunity for these couples to rethink their sexual relationship and to reconnect is something that sensate focus can give very powerfully. (Kathryn, 280-292)

For Alexa, the physical reconnection created in the touching exercises helped couples rekindle lost desire, especially if their emotional difficulties had been more or less resolved but their sexual motivation remained a problem:

> Where sensate focus has been very useful in my work has been in couples where there's loss of desire, helping where previously we would have thought that, if we resolve the deep psychological roots, sex will all fall into place. Sensate focus helps a couple reconnect, and it helps re-establish a physical connection where this has been lost. (Alexa, 101-109)

Whether couples in therapy *could* reconnect was an issue in Ellen's view, but if they did have that capacity, she believed that sensate focus helped the process. Ellen also conveyed that setting the touching exercises might immediately reduce the partners' anxieties ("taking the steam out of the problem") about their unsatisfactory sexual relationship:

> I thought sensate focus was useful, I thought it was a way of taking the steam out of the problem, I thought it was very helpful for couples to have a place where they could reconnect physically, if they were able to reconnect at all, and that was the issue. And I still think it can be useful in that way. (Ellen, 97-105)

6.4 Superordinate theme 3. Working with possible manifestations of aggression

In this study, participants seemed implicitly and explicitly to link the following factors or 'symptoms': the different manifestations of aggression serving as shared defences against closeness in relationships; couples' extremely limited capacity for sensual exploration and intimacy perhaps owing to overwhelming or possibly unconscious anxiety; and contraindications for or poor outcomes in sensate focus. Participants implied that in cases where aggression had not been integrated into the two partners' psyches, it remained a barrier to mature relating and healthy sexual intercourse.

6.4.1 Respecting no-change decisions in couples

All participants described cases where sensate focus had not 'worked' for couples. Instead the introduction of the exercises might have connected the partners with difficult or unbearable feelings. In the excerpt below, Ellen explained that occasionally she decided not to introduce sensate focus:

> Sometimes we get to a point where sensate focus is not needed or not indicated, because they're either happy with what they're doing and they've understood why he has erectile dysfunction. Sometimes that means the erectile dysfunction is better, sometimes it means it's no better but they don't mind about it, and the relationship is better, and they're feeling less destructive in it. (Ellen, 204-217)

Ellen's perception seemed to be that some relationships improved when couples became "less destructive" in their interactions, suggesting that their aggression could be problematic. The sexual problem appeared to remain as a kind of homeostasis which, she implied, might for the partners be preferable to pursuing emotional-relational change. The latter would require working through the aggressive feelings against which they maintained powerful defences.

Sarah expressed similar thinking to Ellen when describing a couple who seemed to have managed their fear of destructiveness by having no sex together and tolerating the man taking his sexual urges out of his marriage and going to a prostitute. The partners kept their relational distance, which was implied in the words, "we kept working with sensate focus", suggesting that they retained the status quo and also suggesting that they

repeated the exercises in a mechanical way. Sarah seemed to convey that the couple did not really engage in the tactile experience as therapy, implied by the phrase, "we never got anywhere with it":

> I saw a couple way back probably in 2003 and we kept working with sensate focus for weeks and months and we never got anywhere with it. So she didn't want to make love and he did and in the end actually he went to a prostitute and she found out but they carried on living together with no sex. (Sarah, 159-163)

Similar to Ellen and Sarah, Robin recalled no-sex couples who could not use sensate focus to help them become closer ("We just can't do this"). In fact the opposite was the case: the introduction of the touching exercises persuaded them to keep their distance or possibly to separate:

> There are couples who are ready to talk about it, and then there are the couples with whom I may have made the call too early, or maybe they just aren't interested. But the introduction of sensate focus has brought them face to face with the reality of what's going on, and the outcome of sensate focus is sometimes that people decide *not* to have sex. Often it's when the couple are at the point of "We just can't do this. Yes, we can get on well at one level, but not this". And for me that's sad, not because I think that they should stay together, but because it's usually brought them in touch with the grey surface of the fact that they can't. (Robin, 601-620)

For Robin, unhappy couples might have become beyond help, damaged as they were by many years of emotional scarring which was then a powerful barrier to change. Partners became 'stuck', and as Robin implied, fear replaced trust and the couples could not progress:

> Mostly it's that they presented too late. The emotional scarring is too great and they just can't go back and they can't go forward. I don't think it's true that trust can always be rebuilt. (Robin, 624-626)

Ellen concurred with Robin insofar as she considered that some couples who had been in unhappy, long-term relationships might be the least likely to benefit from sensate focus, owing to the years of resentment they might have accumulated. Here Ellen reflected first on the reasons that sensate focus might be more helpful to younger couples, discussed further in subsection 7.3.8, before expressing how hard it could be for older couples either to change their relationship or to end it:

> A couple with whom I might do sensate focus are a young couple who have been together about five or six years. They've got more energy, they've got more fight, they've got more spirit, they've got more time ahead of them, and I think that makes a difference. It would be painful to break up, but they've got that opportunity much more, I think. They haven't got the years of resentment, the years of pain and the years of not being heard or seen. (Ellen, 464-473)

In these scenarios, all three participants appeared to achieve through sensate focus a greater clarity about the role of aggression in couple functioning and what is or is not possible in their view when attempting to help these couples develop their intimate lives and sexual relationships.

6.4.2 Protecting against harm

Most participants decided not to use sensate focus when working with abusive couples who demonstrated too much aggression in their relationship. These participants were aware of the line they drew between allowing an abusive history to be known about (connecting with a previous subordinate theme, *linking the present to the past*), and not permitting that trauma to be repeated. Mary described her concerns firstly, about not being able to trust the partners in an abusive relationship to respect each other's boundaries, physical and emotional ("misuse their access to the other's vulnerability") and secondly, about one partner bullying the other to comply with the prescribed homework:

> I think when there are high levels of aggression within a relationship I would definitely not use sensate focus. Also when it feels as though there's a risk that one partner might misuse their access to the other's vulnerability, or where I'm not confident that one of the partners is not somehow allowing themselves to be coerced into something that they're not ready for. (Mary, 458-463)

Sarah's experience was similar to Mary's. She expressed her view strongly ("definitely" and "I wouldn't even try it") that for sensate focus to be introduced into the work, she needed to be convinced that partners had the capacity to be kind to each other:

> Sensate focus is definitely contraindicated in couples who are very conflicted, very definitely. I wouldn't even go near that. I think the therapist has to feel very confident that the couples will be kind to each other, that there's respect and

> trust. While there's still major tensional conflict, it's unlikely sensate focus would work and I wouldn't even try it. (Sarah, 716-722)

Along with Mary and Sarah, Ellen subscribed to the impossibility of introducing sensate focus with couples who expressed disturbing levels of aggression, abuse or violence:

> A couple in their mid-40s were really in trouble. He was a very powerful man, and she was quite frightened of him emotionally, and she deferred to him a lot although she was high up in her own profession. And what was really interesting was that they came saying, "We're not having sex, but we realise that there's other stuff to do first". I worked with them for two years. And I never felt with this couple that it was the right thing to do, to begin to talk about the sexual dynamic between them. And I don't know whether I was just being kept away, I think I was. The idea of introducing sensate focus with this couple was a complete no-no in my mind. It would have been like trying to put a plaster on an aortic bleed. (Ellen, 430-453)

Ellen's use of imagery, "aortic bleed", hinted at covert or overt violence in the couple and a lack of respect between the partners, just as the "plaster on the aortic bleed" conveyed her sense of hopelessness and futility of applying sensate focus in this case. The distancing of the couple from each other and from the therapist was reflected in her words "I was just being kept away", emphasising how the exploration of sensuality would be too threatening to clients in such a relationship.

Continuing the theme, Alexa described how a client who had been abused in childhood could not accept a touching exercise offered by his therapist:

> He was sexually abused as a child. And a few years into couple counselling I started them on sensate focus, and he was utterly unable to engage with the process. He couldn't be told what to do and couldn't *not* be in control of his own agenda. So I think it was a response to his abuse in terms of not wanting someone else to control him sexually. (Alexa, 728-743)

Kathryn also thought that introducing sensate focus might be problematic if there was abuse in the history of one or both partners, particularly if that abuse was unresolved. Nonetheless, if memories of abuse surfaced, the trauma might be able to be talked about, allowing *both* partners to become aware of the roots of a difficult emotional response in one partner which neither had understood up to that point:

> Where there's *unprocessed* sexual abuse, sensate focus may be impossible. I'm thinking of a client who actually hadn't disclosed anything and then in sensate focus, when the breasts and genitals were included, she became very distressed and it transpired that a neighbour had grabbed at her breasts when she was a teenager. Her husband knew there was an issue about her breasts and didn't know why. (Kathryn, 656-664)

Generally participants appeared wary of proposing sensate focus to couples for whom abuse was unprocessed and aggression was therefore not integrated in their psyches. This point extended to the self-destructive aspects of substance abuse for Ken, who described sensate focus as a "minefield" for some gay couples who had "chem sex":

> The issues of intimacy and sensate focus are a minefield for a lot of gay couples, particularly if they're into chem sex, because of the effect of the chemical on them. Then sensate focus is about intimacy and touch, care, and some gay men find it difficult, because the moment they touch opens up a huge vulnerability. Not in all cases, of course, but in some, and I think that's terrifying for them. (Ken, 643-652).

Kathryn conveyed concern about introducing sensate focus in cases in which the husband had suffered loss of his mother in infancy:

> In cases of men where the mother has died when they were babies and as a result they have not had that early physical contact with the mother, then sensate focus might be quite overwhelming, invasive, frightening. In one case I've seen, it would have created, I think, panic attacks, and in another possibly mental breakdown. Even just talking … the husband had a code. He would say to me, "I'm going funny, I feel funny," which was him beginning to dissociate. I think if I'd tried sensate focus, it would have been very damaging. So it's another reason why I think we need to respect sensate focus as a very powerful tool, not just something that we dish out. (Kathryn, 677-683)

It might be that in such cases, aggression which was communicated through the therapist's fear of doing harm ("it would have been very damaging") was also an unconscious communication of the husband's aggression. The latter in this case might be his defence against overwhelming, intense feelings of loss and fear associated with his mother's death. The role of aggression in such cases is discussed further in subsection 7.3.7.

6.4.3 Using the therapist's subjective experience

Some participants thought about their subjective experience as a way of accessing their clients' self-defeating patterns of relating and aggression. For example, when Mary was feeling "pushed" by couples to introduce sensate focus, she later reflected that she had been drawn into colluding with her clients' unconscious aggression, ensuring that no relational change was possible:

> Sensate focus has always been a mistake if I've felt bounced into it, pushed into it. I think it gets used with some couples to ensure that there isn't any change, that what's been set up is the impossibility of change and I can get drawn into colluding with that somehow. Then it becomes my fault because I didn't deliver what would have made change possible. (Mary, 397-412)

Along with Mary, in the excerpts below Ellen linked the introduction of sensate focus with her own defensiveness and conscious and unconscious aggression:

> I have used sensate focus as a defensive process in me because I'm feeling helpless and I want to kick it back to them and tell them to get on and do something. So I think it can be quite aggressive on the part of the therapist. (Ellen, 323-329)

Furthermore, Ellen considered other aspects of her responses to couples who "pushed" her to "do something" and hinted at aggressive feelings in phrases such as "grabbing hold of the session":

> Sometimes, yes, sensate focus does do what I intend it to do, which is to illustrate in the introduction of it, say, that the physicality of the thing is too much and so we stay where we are. This is usually when I'm feeling pushed to do something by the couple. Of course what I should be able to do is interpret why they're pushing me, and sometimes I can't do that. Sometimes I just go, "OK, so if we were to do this, then we could do this," and they go, "Err". So, yes, that might be an intentional, kind of, "Look, I've thought about this," so it might be me trying to gain control and grab hold of the session, I don't know. (Ellen, 710-723)

Most participants conveyed a wariness of the power of sensate focus to do harm as well as good, thereby associating it implicitly with aggressive impulses in the therapeutic relationship. For example, Ken described how he had learned from clinical experience

that sensate focus might be “damaging” to certain clients:

> My feeling was that both of them needed individual therapy, because they had issues from early childhood of maybe anger towards women, men. When they met their relationship made things worse, because they were bringing their longing for some change to each other. I got to the stage where I felt that sensate focus was not helping. It was damaging the couple, trying to force them to intimacy when they hadn’t come to terms with themselves. (Ken, 502-508)

Excerpts which fell under this superordinate theme were remarkable for participants’ use of language, such as “minefield”, “grabbing” and “damaging”, all evoking images of destruction, injury and death and the powerful force of primitive aggression. It might be also that participants were reflecting couples’ innate fear of their destructiveness, communicated unconsciously to the therapist and acknowledged as the therapist’s subjective experience. In psychoanalysis this phenomenon is known as countertransference and is discussed further in subsection 7.6.3.

6.5 Superordinate theme 4. Challenging couple psychotherapists

Whereas all participants by definition perceived their own clinical approach as an integration of mind, body and relationship, their perceptions of professional trainings and practices were that teaching generally lacked any cohesive strategy or movement towards a holistic, integrated approach to couple work. As a result they thought that sensate focus and sex remained marginalised in couple psychotherapy. Participants who were teachers and supervisors as well as practitioners voiced this view particularly strongly.

6.5.1 Understanding sensate focus

Four participants explicitly criticised the current teaching of sensate focus in training schools for perpetuating a poorly informed therapeutic approach. In this regard Kathryn and Ellen thought that professional training did not address partners' emotional responses to the tool:

> I think that it is sometimes my experience … listening to students on placements and all sorts of things … that at times sensate focus is just applied and that perhaps people are not trained enough in thinking about the feedback and thinking about using it more creatively. (Kathryn, 941-945)

In the excerpts above and below, Kathryn expressed her view that understanding and working with partners' feedback and detailed responses, mental and physical, to the exercises was crucial:

> It's not the exercises so much, it's the feedback from the individual couple and how the therapist responds that's important. (Kathryn, 692-694)

All participants shared Kathryn's view that the therapeutic task was processing couples' emotional-relational responses to the intervention, not the technique per se. Participants agreed that, after many years of clinical experience, the way they thought about the touching exercises contrasted dramatically with the approaches of newly qualified, young psychotherapists. Robin described the failure in current teaching programmes to integrate the tactile exercises with the verbal therapy. His metaphor of the "garden

shed" not only made his point about sex being split off from the emotional-relational, but also inferred the dark, neglected and messy nature of sex:

> Sensate focus is part of the therapy and you need all your therapeutic skills and your eyes in order to use it as part of the therapy, and I think some of the younger practitioners have it as a garden shed that's a stand-alone structure. (Robin, 759-762)

Reiterating Kathryn's comments, Robin suggested that for the exercise programme to work, practitioners needed to reflect on couples' responses and the meanings of those responses, implying that for couples, *not* doing the homework was as meaningful as *doing* it. Whatever clients' responses were, *that* was the material to be worked with:

> This is about the use of sensate focus in any useful manner. It means going with the client, not going with the technique, and for the students it's often, "Well I've done the technique and they didn't do this and they didn't do that and there's resistance here" and I'm thinking, "Well hang on, he's a human being, let's have a little think about what's going on". (Robin, 372-374)

For the majority of the participants, their own training in sensate focus also lacked integration of sexuality and the body. For example, Mary described an apparently chasmic splitting-off of sex therapy from her couple psychotherapy training:

> Sex was not integrated in my training at all and so if you had a couple who had sexual issues, you had to send them to the sex therapy clinic, and if they didn't do the behavioural exercises, they were sent back to you and you got a ticking-off for an inappropriate referral. (Mary, 32-35)

Ken, too, described his first training in sex therapy as cognitive-behavioural, an approach which, in his view, omitted to teach the therapist to reflect on the clients' important communications about their internal worlds, past experiences, attachment patterns and intimate relationships:

> My sensate focus training was very much cognitive-behavioural. So it's a matter of: I give you the instruction, you go away and do it, and you come to me and report. But I've never been really comfortable with that. It brought up so many issues about intimacy, attachment, how they felt about themselves, just everything, in my mind. So just going through exercise after exercise, week by

> week as long as they wanted that, I felt we were missing huge chunks of really important information. (Ken, 72-82)

For Kathryn, a positive improvement in current sex therapy trainings would be to rethink and develop methods of assessing whether the introduction of sensate focus was appropriate for a couple:

> I think you have to judge who's going to be able to take sensual contact on in a way that you can offer it. So I think an assessment for it is probably not well enough thought about. (Kathryn, 787-789)

By contrast Ellen reflected on the reasons her supervisees did not "get it":

> I supervise a lot of psychosexual therapists, sex therapists who use sensate focus fairly routinely, and with whom I do battle about it. I haven't really sat down and had a think about why it is that my supervisees might not get it. They've learnt in a particular way that that's what they do. I haven't had a chance, and this interview has been useful to sit down and think about what it is that's useful about sensate focus, and what it is that isn't, and how I differentiate that. (Ellen, 838-844)

Finally, Ellen reflected on the transference issues and power dynamics that inevitably emerged if a therapist gave a couple homework. In her view, current trainings failed to include these unconscious processes in their curricula:

> Both partners might want to rebel. We need to try and understand what this intervention has done to them as a couple and to your relationship with them in the therapeutic context. That's still quite a big message to get across to a lot of my supervisees. (Ellen, 174-177)

6.5.2 Instating sex in couple psychotherapy

Many participants seemed to agree that sex remained split off in couple psychotherapy trainings. Not only were students afraid of talking with clients about sex, claimed Kathryn, but clients also were afraid to disclose sexual problems in the sessions:

> You've got students who find it difficult to talk about the sexual relationship, and then you've got the clients as well, and it can really become very stuck. So a student the other day was saying, "I can't talk to a man about what he's

> experiencing with his erection and things. I can't do that". (Kathryn, 1067-1062)

Kathryn (1112-1114) suggested that "actually specifically talking through sexual experience in detail and what words you use and all those sorts of things, that's possibly shaming, very embarrassing and intrusive for both clients and therapists". In Kathryn's view, the profession perpetuated this state of affairs in various ways. Firstly, students were not taught how to talk about sex by discussing it in their *own* therapy:

> And so I think it takes a lot of internal work on yourself to be able to understand where you're coming from and how difficult it is for you as an individual to talk in that specific way about sex. Because also the chances are your therapist won't have helped you do this either … I mean, I've been with students who say, "I would never talk to my therapist about that," but a lot of therapists, not everybody, but there are a lot of therapists who don't talk much about couples' sexual relationships, so they won't have had any model of it. And so I think that beginning to do that in the sessions is a very uncomfortable thing. (Kathryn, 1076-1086)

According to Kathryn, people applied for psychosexual therapy trainings in order to learn more about their own sexual problems and avoid the more difficult route of doing their own therapy:

> People are applying for training courses who haven't had any therapy and so on, and it's quite common to have applicants who would rather go and do a psychosexual certificate than have therapy for their own sexual problems. So it's their way: they hope they can get in touch with enough knowledge to solve their own particular problem rather than have some treatment, effectively. And you say to them, "Well, I think perhaps it would be helpful for you to have some therapy". And they say, "No, no, no, I don't want therapy. I don't want therapy. I want to come on the psychosexual certificate and learn about sex". Yeah, easier to do it one removed. (Kathryn, 1136-1148)

On the topic of training, Mary added the point that possibly a young therapist was picking up on the clients' anxieties about discussing sex and she was feeling *his* lack of confidence in the countertransference:

> One of my supervisees working with a difficult couple doesn't feel very confident about taking their sexual problem up with them and so I'm thinking,

> "I know you've been trained because I've been part of that". A therapist has got to be able to go there. I think the issue is probably going to be that there's erectile dysfunction and a loss of confidence and that's been reflected by my supervisee feeling she's not confident to take this up. (Mary, 78-104)

Robin, however, broadened the debate by stating that there was no real effort in psychodynamic couple psychotherapy to integrate psychosexual therapy, including sensate focus:

> There is a general fear for counsellors in talking about sex and as a result the danger is that psychosexual therapy and couple therapy are often divided, so it could be made very vanilla. I don't think there has been a real thrust of thinking about the role of sensate focus and psychosexual therapy generally in the psychodynamic world. (Robin, 780-785)

6.5.3 Integrating practice

Despite the fact that all participants used sensate focus, even if to varying degrees, their thinking on the topic of integration of sensate focus into couple psychotherapy revealed different concerns and experiences. Robin believed that clients frequently split off sex within their adult relationships and it was therefore crucial that the therapist's approach did not mirror and perpetuate couples' splitting:

> My desire is to see time taken to know the couple, time taken to improve communication and know about any attachment issues, but I think the therapist has to be comfortable, too. I think it's really important for the therapist to see the possibilities of integration in their own practice and not mirror any split that's taking place in the clients. So when I read things about it's difficult, sometimes I wonder if you're not being told it's impossible, or even undesirable, because there's something in the practitioner who finds it difficult to integrate in that way. (Robin, 808-815)

Sarah, however, felt comfortable enough to address sex within couple psychotherapy, but less so when the presenting problem was, say, a sexual problem such as erectile dysfunction, in which case she would refer on elsewhere:

> If it came out in the couple work, then there's no problem, but I think I prefer not to actually go into psychosexual work. (Sarah, 176-177)

And yet Sarah undertook the psychosexual therapy training to be able to address couples' sexual problems, as did Mary. Both participants anticipated couples' needing to discuss their sexual relationship with their couple therapist and both participants trained in sex therapy and sensate focus in order to be able to work with sexual problems. Mary stated:

> I took the trouble to learn about sensate focus because it didn't feel appropriate not to be able to incorporate it into the work with couples, to have to say, "Oh I can't deal with that, you've got to go somewhere else". That completely didn't feel appropriate. (Mary, 117-120)

Alexa seemed to have similar thoughts. Her intention was to be qualified to address couples' sexual issues; however, it took her years to find ways of integrating mind and body in practice:

> I thought psychosexual therapy was an essential training to have. How you could see couples and not have the psychosexual add-on baffled me a bit. But on the other hand, having had the core training as psychodynamic, it didn't fit very well at all. In some ways it felt a very strange path to go down in conjunction with the psychotherapy bit. And in some ways it's only the practice of it that has enabled me to integrate the two things in my own way. (Alexa, 80-87)

Kathryn (537) also observed that "leaving the psychodynamic model creates anxiety in students". On a separate but relevant note, Mary added that in practice, moving between unconscious, conscious and behavioural modes *was* difficult, because the unconscious stance particularly was so different from the behavioural stance:

> We were talking about how people position themselves. Some therapists are very much sitting back and making observations, making interpretations and some people are very much more sitting forward and having a much more interactive engagement on a more conscious level, and I think I've always been a more sitting forward practitioner. So I think for people who are trained very much to sit back and to reflect, to take that evenly hovering attention and listen to the unconscious transactions that are going on underneath the material, to get in there and say, "Well I'm going to ask you very direct questions" or "I'm going to tell you now what I want you to do" is such a different stance. It's a long way to come from that position to taking control of the session in that way, I think, and some people move more easily to and fro, but I think for people especially when they've really worked hard to get the psychodynamic position and then you're saying, "Well you've got to ask them about this and you've got

> to find out about that", they'd say "Oh I can't do that", because it's so different. (Mary, 199-215)

It was also Mary's view that ideally all couple psychotherapists would be trained and capable of working with interactive variables, unconscious processes and behavioural exercises, moving between the three in order to respond to clients' shifting needs.

For all participants, a common thread was the time and clinical experience required to learn how to integrate the psychodynamic approach with sensate focus. Experienced therapists saw the power of the tactile intervention and its role in psychodynamic couple psychotherapy. Furthermore, the way they thought about it changed over time. For Robin, the touching exercises became part of the psychodynamic process and he no longer thought about them in a cognitive-behavioural way:

> I think the area of development, for me anyway, is seeing the power of sensate focus and seeing its role in psychodynamic or attachment or object relations-based therapeutic interventions. I wouldn't say I used it in a cognitive-behavioural way with most couples. (Robin, 327-329)

Ellen reflected on her changed perspective since she first learned about psychosexual therapy:

> I think what's been useful about talking about this today has been actually to think about how far away that early learning about sensate focus is for me now. Not just in terms of years gone by, but in terms of the way I think about it. (Ellen, 828-837)

Ellen described thinking hard about the possible meanings of her introducing the exercise programme into the work and how it might change her relationship with the couple:

> If I use sensate focus, I'm working very, very hard to try and integrate it, and understand what that intervention might be doing to my relationship with the couple or the individual, because it will be doing *something*. (Ellen, 170-173)

However, even if a psychotherapist worked using all her awareness to think through the clinical impact of moving from one mode to the other, there was a sense, for Ellen, that who she could be as a therapist, her professional identity, depended on whom she was

talking to and she could not be both psychoanalytical and psychosexual in discussions with her clinical supervisor:

> It was quite exciting to think about sensate focus today and have time to think about it. My supervision is with somebody I respect and it's fine. But we don't talk about touching exercises, because I, you know, it's not what we talk about. (Ellen, 828-837)

The sense that who you were, or who you could be, depended on whom you were speaking to was seemingly another manifestation of how couples' splitting-off of sex might be reflected in professional discourse. This splitting may also be reflected in the variation in participants' preferred job titles, as shown in table 6.3. Nonetheless, all participants were aware of the power of sensate focus when it was appropriate to use it. As Kathryn said:

> I do think that integrating the two [psychodynamic and psychosexual] is a really powerful way to work. (Kathryn, 948-950)

Perhaps Ken spoke on behalf of the other participants:

> I think it's a very useful tool, *very* useful. But I've changed from a therapist that saw it as an end in itself. It's just one of the tools I can use now. And that's helped me really improve the way that I think I interact with clients. So I'm not focused on you doing something. I'm thinking about everything that goes along with that, your motivation, your background, your fears, what would help you start to enter that world if that's what you want. But I'm very positive about it. I don't quite know what would replace it. I think it's a way of edging you into a different approach of being together with someone. You can do a lot of work on prejudices, beliefs, fears and hopes, but actually being able to put your hand out and touch another hand takes so much more bravery than just talking about it. And I think sensate focus can really help. (Ken, 692-705)

Table 6.2: Participants' experiences of the interview

This table summarises how participants' thinking about sensate focus evolved during the process of the interview, most coming to the realisation that the intervention was more useful than they had believed at the start of the interview.

Rosa	It's interesting how in the process of the interview I … er … seem to have worked out something about sensate focus.
Kathryn	Well, it's made me think a bit more about what I do. When you've been working a long time, it's a bit like driving, isn't it? It's quite internalised and you don't really think about it. So it's been interesting to think about it, and helpful. And I'm delighted to talk about sensate focus, actually, because I think it's not given the place it deserves, really. It's not for everything and it's not for everybody, but I do think it's a very useful tool.
Ellen	Oh, it has made me think …which is always good. It's quite exciting really, to think about it and have time to think about it. But what's been useful has been actually to think about how far away that early learning about sensate focus is for me now. Not just in terms of years gone by, but in terms of the way I think about it. This has been a chance to reflect on what it is that's useful about sensate focus, and what it is that isn't, and how do I differentiate that? And where do I use it, where don't I use it? That's really helpful, so thank you for that, a bit of free supervision, in a way.
Alexa	It's actually really interesting, I mean, just for me to have an opportunity to think about my own practice and think about how I use sensate focus is quite timely, actually. And I rarely do it in such a coherent way, with an overview, if you like. The questions that you ask, you know, I suppose do force me to have to think about things on the whole, and that's quite useful. And I hadn't necessarily thought about it in certain ways before. Hmm, yes, realising that I had used it diagnostically, that it's helped me to think about the couple in more depth and that it's not necessarily about going through a whole programme with people, but that it has use in sporadic ways. It has its uses in a lot of cases, actually.
Robin	It's left me thinking I need to do a bit of a spring clean about sensate focus and have a good old think about things and re-visit, and so, yes, it's been immensely valuable and thank you.
Mary	I think it's been interesting to realise that I probably use sensate focus more than I thought I did. I think it's been interesting to think about where it sits within my understanding of the whole multi-layer process of couple therapy actually. Yes, it's interesting.
Sarah	The first word that comes into my mind is exploratory and it's really helpful for me to think about what I'm doing. I always find it incredibly hard to put the work into words, incredibly hard because clients have sometimes asked, but I feel I go into a different level, into a deeper level when I'm with clients, and I'm listening at a much deeper level, listening and watching and that's how I feel I work and this today, now, is a conversation. I feel very privileged and it's been very interesting for me. Very.
Ken	It's been really interesting because I don't think about sensate focus as much as I have been in the last hour or so, reflecting on it. I've been thinking a lot more about it recently and trying different approaches; I thought it would be interesting for me to explore that with someone, you. I'm really interested in it. Anyway, it was a pleasure, very interesting for me.

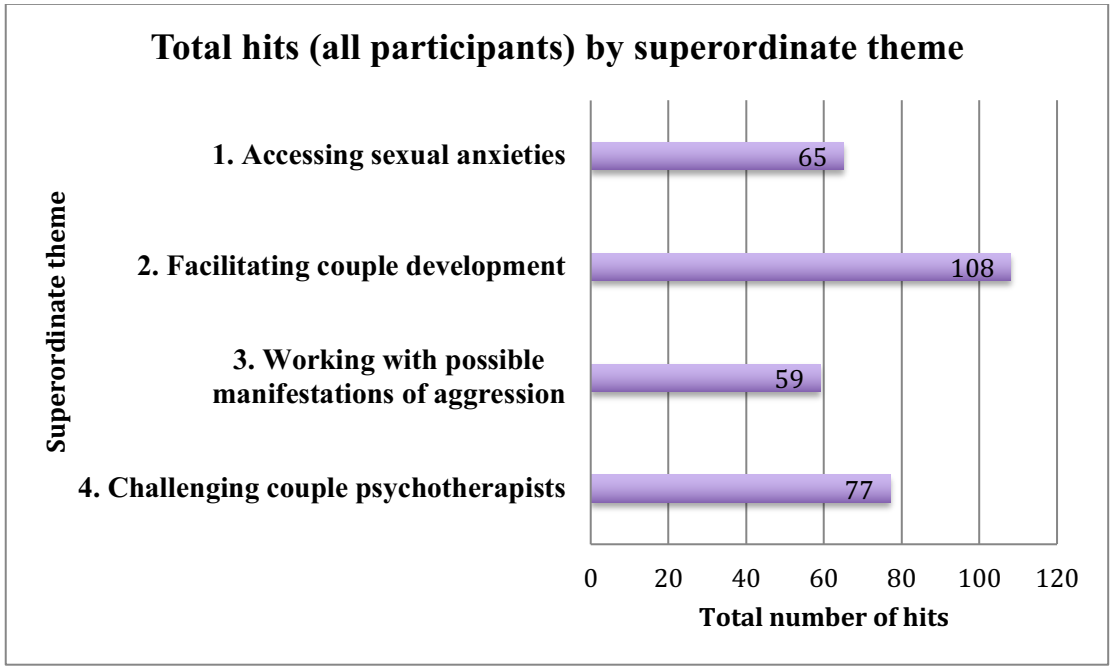
Table 6.3: Participants' preferred job titles

This table shows the wide variety of job titles the participants chose to use to describe themselves, possibly reflecting the splitting-off of sexuality professionally.

Participants	Preferred job titles
Rosa (f)	Couples therapist
Kathryn (f)	Couples counsellor, Psychosexual therapist
Ellen (f)	Sexual and relationship psychotherapist
Alexa (f)	Relationship and psychosexual therapist
Robin (m)	Psychotherapist, with a specialism in psychosexual and couple work
Mary (f)	Couple counsellor, Psychosexual therapist
Sarah (f)	Counsellor/psychotherapist
Ken (m)	Therapist

Chart 6.1: Total hits (all participants) by superordinate theme

This chart shows how many hits were counted in the data across all participants. Superordinate theme 2, *facilitating couple development*, claimed the greatest number (108) and the second largest score was superordinate theme 4, *challenging couple psychotherapists* (77).



6.6 Convergence and divergence of participants' accounts: calculating the number of 'hits' per theme

In the preceding pages of this chapter, the researcher attempted to convey both the convergence and diversity of participants' accounts through careful selection of vivid excerpts from interviews, bringing all the themes to life whilst paying tribute to the unique experience and individuality of each participant. In so doing, the researcher acknowledged the idiographic ideology of IPA. The following subsection describes the breadth and depth of all themes in *numerical* terms, which support the verbal presentation of the study's results. The researcher uses the term, 'hit', to denote a mention of a particular theme. Calculations were done manually.

6.6.1 Convergence

The high degree of convergence between participants is reflected in charts 6.1 and 6.7. Chart 6.1 shows that the four superordinate themes emerged with high numbers of hits across most participants. By far the most supported theme was *facilitating couple development*, remarkably with 108 hits, representing a high margin over the three other superordinate themes, which also emerged powerfully from the data. The second most frequently referenced theme, with 77 hits, was *challenging couple psychotherapists,* concerning the professional challenge of incorporating sexuality and particularly its physical aspects into couple work through the use of sensate focus. As well as the noteworthy degree of convergence among participants, these two themes have clear implications for training in couple psychotherapy, as discussed in section 7.4. It is also noteworthy that the subordinate theme, *integrating practice*, recorded the highest number of hits out of all 14 subordinate themes, as shown in chart 6.7.

The two other superordinate themes, *accessing anxieties about sexuality* and *working with manifestations of aggression,* emerging with 65 hits and 59 hits and ranking third and fourth respectively, also reflected a strong convergence of themes in participants' accounts. These two themes are important results for psychoanalytic theory, which holds that mature integration of sexuality and aggression is fundamental to creative relationships and to the innate sexual and attachment behavioural systems. These points are discussed further in section 7.3.

Chart 6.2: **Total hits by superordinate theme.** The 2nd superordinate theme scored the most hits (108), with the 4th theme scoring the 2nd highest number of hits (77).

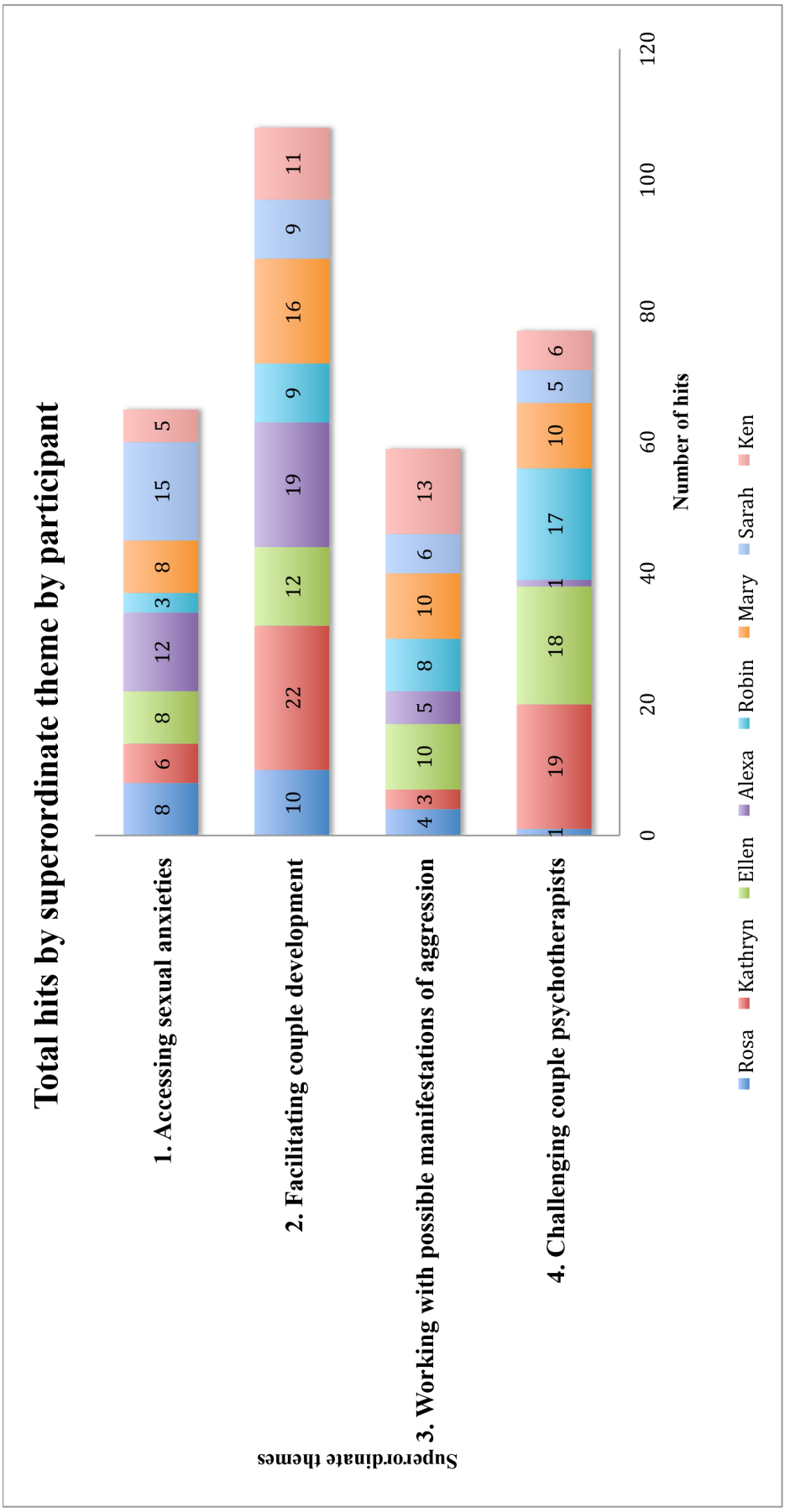


Chart 6.3: Superordinate theme 1. Accessing anxieties about sexuality

This chart shows that Ellen, for example, talked more about topics concerned with embodiment than about the other two subordinate themes.

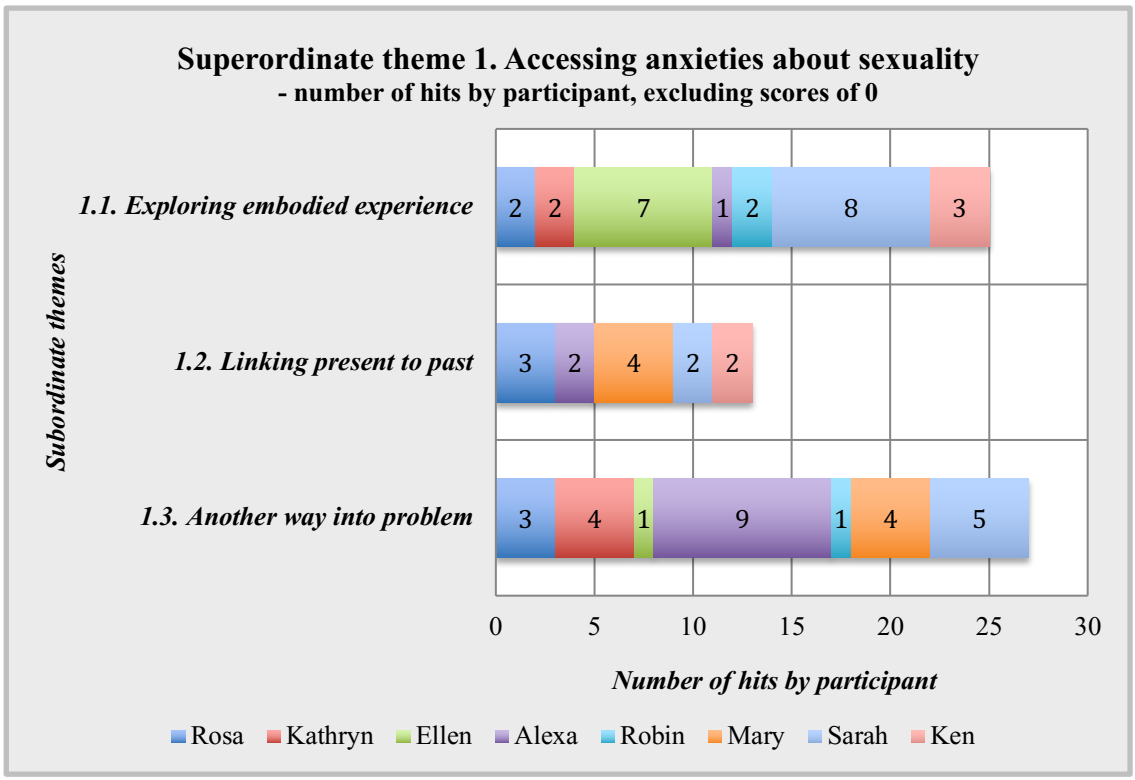


Chart 6.4: Superordinate theme 2. Facilitating couple development

This chart shows that seven out of eight participants thought about sensate focus's role in repairing shame, and all eight were thinking about its role in exploration and play.

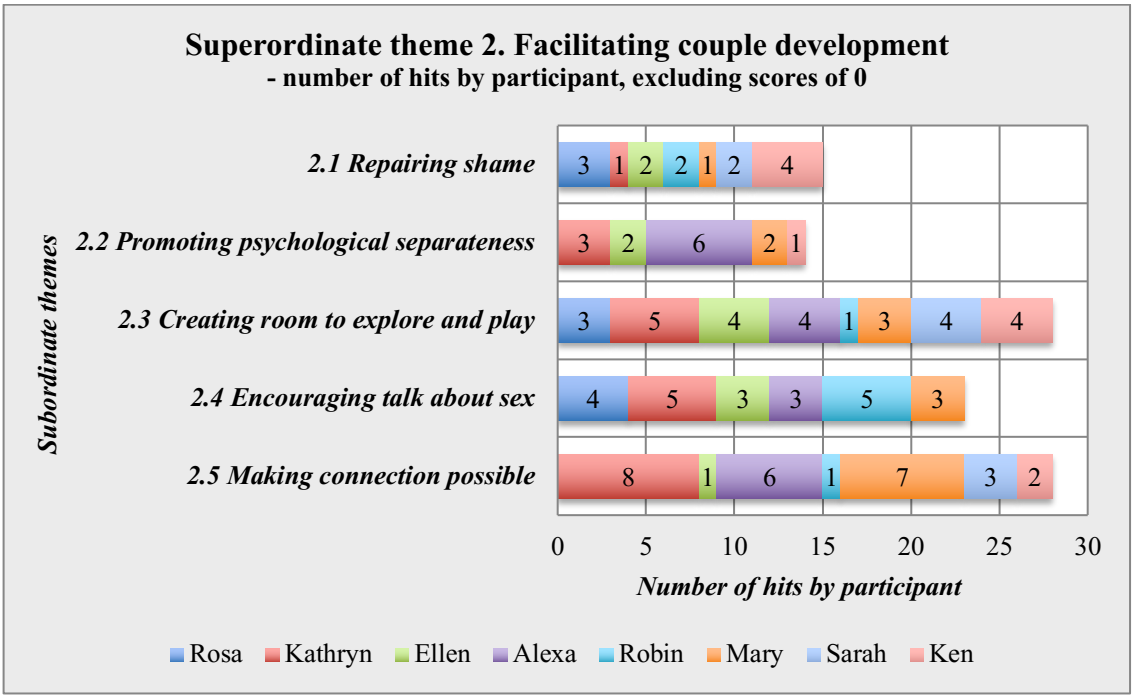


Chart 6.5: Superordinate theme 3. Working with manifestations of aggression

This chart shows that all participants expressed the view that sensate focus was contraindicated when it might risk harm to one partner.

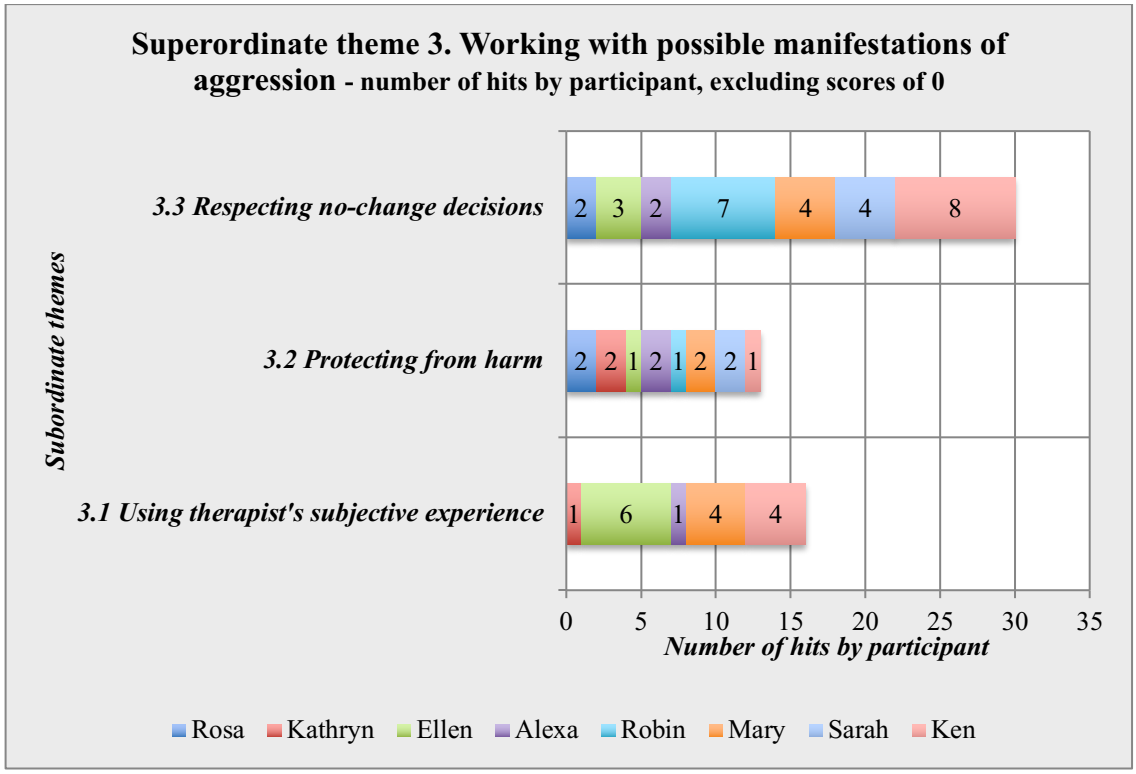


Chart 6.6: Superordinate theme 4. Challenging couple psychotherapists

This chart shows that Robin and Kathryn most frequently voiced concerns about integrating practice, whereas Ellen spoke more about failures of understanding.

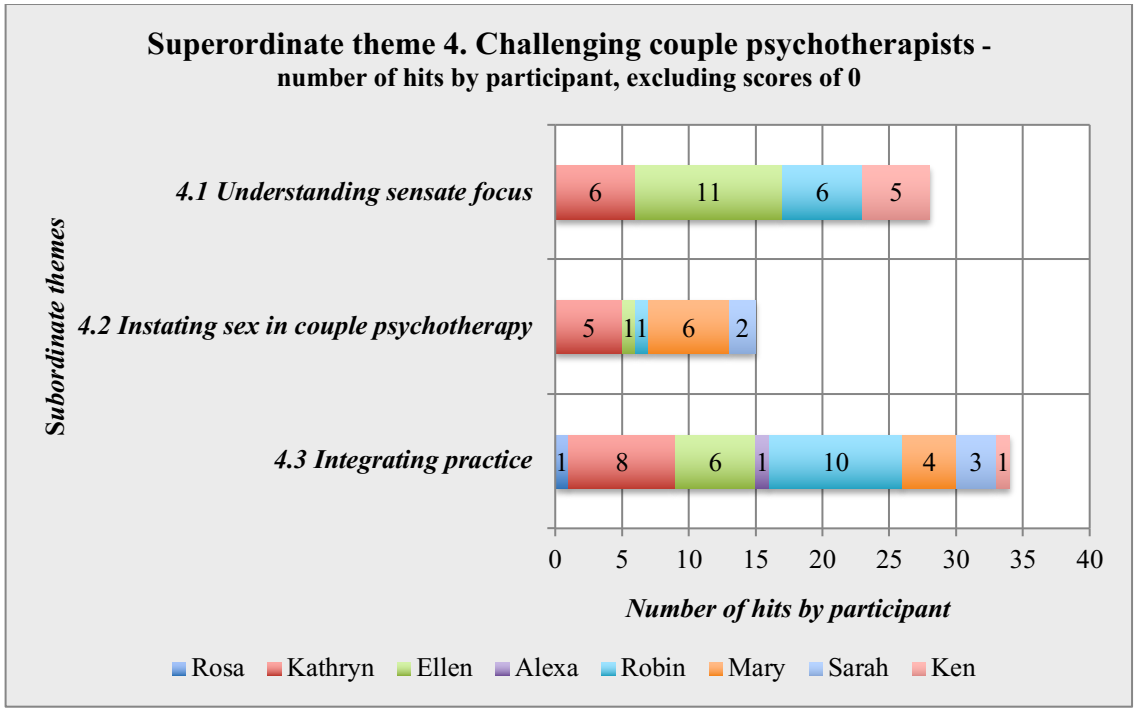
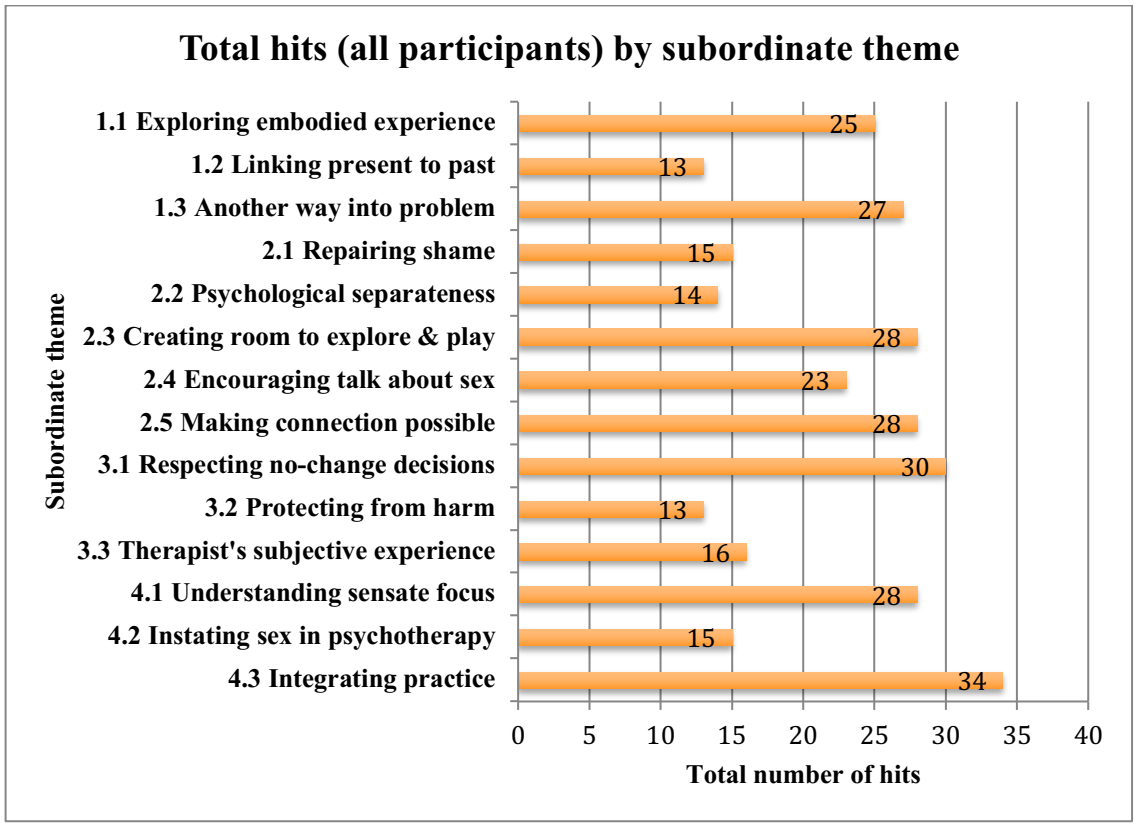


Chart 6.7: Total hits (all participants) by subordinate theme

This chart shows how *integrating practice* was the most talked about subordinate theme.



6.6.2 Divergence

The divergence among participants was largely, but not wholly, a matter of emphasis and interestingly did not seem to be related to their gender or sexuality, as discussed in subsection 7.3.8. Their diversity was reflected in the depth of description of their experiences. The breadth of topics, reflected in the themes, was constant across the sample. This finding was evidenced by the fact that every participant's account included hits on every superordinate theme. The diversity of participants' thinking about sensate focus emerged in the *depth* of the results, which showed a range of between one and 22 hits per participant for each superordinate theme. For example, looking at the number of hits per participant, Sarah had 15 hits in *accessing anxieties about sexuality,* but five hits in *challenging couple psychotherapists*; Kathryn had 22 hits in *facilitating couple development*, but only three in *working with manifestations of aggression*. These results

showed how convergence and divergence of participants' thinking about sensate focus co-exist within the study.

In addition table 6.4 illustrates the diversity and individuality of the study's results. This table contains the main themes for each participant and the 'outliers', topics which did not fall into any subordinate theme.

6.6.3 Outliers

It is remarkable that in this study there were few outliers. Those identified during the main analysis were revisited in the course of writing this thesis. As a result, most outliers were then found *not* to be so, and were able to be coded in one of the existing 14 subordinate themes. The final outliers which could not be coded fell into one of the following categories:

- They were *not specific* to sensate focus, i.e. they might apply to couple psychotherapy without sensate focus. For example, Kathryn's suggestion in table 6.4 that the 'therapeutic alliance' is important in sensate focus.

- They were about *environmental* or *external* factors. For example, Ellen's comment that sensate focus, designed in 1970, has had to be adapted to modern therapy.

- They were about issues of *professional judgment*. For example, the timing of the introduction of sensate focus into the work.

- They were about the *technique* of sensate focus, or another sex therapy tool; the *how*, rather than the psychological theory, including, for example, how to prepare for the introduction of sensate focus, or the details of the step-by-step programme.

Remarkably, the vast majority of themes emerging in one manuscript appeared in some guise or form in at least one other manuscript, although the connection was sometimes hard to detect initially and took time and several reviews of the data. For example, in the early analysis it seemed that only Ken spoke about the positive professional changes

he had undergone as a result of doing a few years of personal psychoanalysis, when the researcher might have expected other participants to make a similar comment. However, in the course of reviewing transcripts for the thesis, the researcher reconsidered Kathryn's comment about would-be trainees' reluctance to undergo their own therapy, and the link concerning the importance of personal therapy for couple psychotherapists was then made between these two participants, Kathryn and Ken.

Chart 6.8: Participants' attitudes to and use of sensate focus

This chart shows the wide variation in participants' attitudes to and use of the intervention.

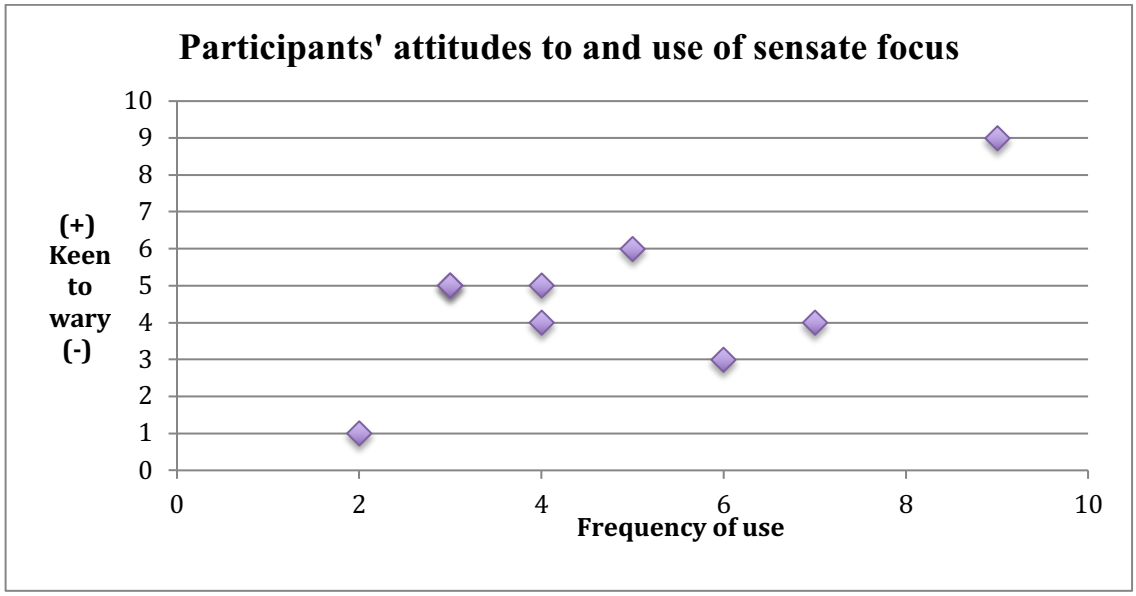


Table 6.4: Main themes and outliers for individual participants

This table shows important themes for each participant using quotations from transcripts.

Main themes for individual participants	Outliers	Outlier category
Rosa Planting the idea of sensate focus is enough to trigger the couple's dynamics. Introducing sensate focus repairs shame and gives couples permission to talk about sex. Integration of psychodynamic and behavioural is not a problem.	***I trained in sex therapy and sensate focus to fill a market niche.***	External factor
Kathryn Sensate focus instates sensuality and broadens sex out. Sensate focus is poorly understood in the world of psychotherapy. Integration of psychodynamic and sensate focus is a powerful way to work.	***Psychosexual therapy is more than sensate focus and includes sex education.*** ***Importance of therapeutic alliance in sensate focus.*** ***Is sensate focus universally appropriate?***	Not specific to sensate focus Not specific to sensate focus Technique, or professional judgment
Ellen Using sensate focus as an experiment for the couple to discover more about themselves individually and as a couple. Partners must be constructively selfish. Sensate focus reduces performance anxiety and spectatoring and creates space for the couple. Therapists may use sensate focus aggressively or defensively, or without thinking about its impact.	***Sensate focus has had to be adapted to modern therapy: does this make it ineffective?*** ***I never gave couples sensate focus straightaway, even when I was first trained.***	External/ Environment-al factors Professional judgment
Alexa Sensate focus is above all diagnostic of sexual anxieties from past trauma. In sensate focus couples learn to tolerate their differences. Sensate focus helps couples talk about sex, be physical together and connect.	***None***	N/A

Table 6.4 (continued)		
<u>Robin</u> Sensate focus repairs shame and body hatred. Most couples rush sensate focus. The profession reflects the clients in the splitting-off of sex from emotional-relational life.	***Sensate focus is hetero-normative and for the full able-bodied.*** ***Sensate focus needs to be re-written for same-sex couples.*** ***Sensate focus promotes gender equality***	Technique Technique Technique
<u>Mary</u> Sensate focus potentially gives couples a different way of connecting and communicating, as well as having fun together. The therapist can be pulled into unhelpful collusions which prevent change. Psychotherapy's like a varifocal lens, the unconscious, the conscious and the behavioural; an intervention in one affects the other two.	***Transferences in same-sex couples may be difficult.***	Not specific to sensate focus
<u>Sarah</u> Sensate focus is a terrific diagnostic tool, especially concerning partners' experience of touch in infancy. Couples can really connect in new ways in sensate focus and develop trust and closeness. Sex and psychosexual training are in my view important in couple psychotherapy, although sex is not my preferred topic.	***The arousal circuit is very useful.***	About another sex therapy tool, not sensate focus
<u>Ken</u> In using sensate focus I want to try to understand where partners are with touch. Sometimes in sensate focus couples may let me know in various ways that they do not want to alter the balance of the relationship. Development of intimacy is at the core of anything we do in sensate focus, so it is not a balm to be applied for his sexual itch or her sexual need.	***My own psychotherapy helped me understand my own emotional blocks and led me to value emotional exploration in couple work.*** ***Little time is allocated to couple work in the NHS, which leads me to work more behaviourally with sensate focus than in my private practice.***	Not specific to sensate focus External factors

6.7 Addendum: using a case study to validate the results

Long after the interviewing phase of this project, an additional case of a couple using sensate focus was presented unexpectedly by one of the participants, Kathryn, and the new case could not be included in the data analysis. However, the researcher decided to use the case to test the validity of the constructs derived from the data analytic process.

6.7.1 Describing the case study

A couple presented with conflicted feelings about their future together. A first impression for Kathryn was how alone each partner seemed to feel in the marriage; they had parents and siblings, but they were not talked about at all. Kathryn was aware how attached they had become to her, never late or missing an appointment. They each complained of the lack of caregiving they received from the other and had a shared yearning to feel taken care of, expressing anger that there was no room in the relationship for their emotions, needs, dependence and vulnerabilities. They had strong feelings of abandonment, which is known in psychoanalysis to be rooted in infancy when the primary caregiver has been unresponsive and negligent. Their infantile losses, along with absent fathers, resurfaced in the face of the husband's essential major surgery, which both partners experienced as a marital crisis.

The table below (table 6.5) contains Kathryn's account of the case study, which was recorded as a supplemental interview, and the relevant subordinate themes are indicated. It is mooted that the case supported the face validity of the research results, as well as demonstrating the non-linear nature of couple psychotherapy and sensate focus.

In summary, table 6.5 demonstrates how the case material illustrated all but one of the subordinate themes applicable to clinical work. The case study is a validation of the data analysis of this research project. Validity of the study is discussed further in subsection 8.3.1.

Table 6.5: Kathryn's case study

Case study	***Subordinate Themes***
They came to therapy once he'd recovered a bit from his ghastly surgery. They were in shock and were at real loggerheads with each other. He was somebody who was quite in control, so for him to be so out of control of his body was very difficult. He had been athletic before and now he was so thin. They had both thought he might die. He felt ashamed of his body now. In the room it felt very, very difficult. He would say, "We've had a terrible time, really terrible".	*Using the therapist's subjective experience*
And they'd never had a good sex life: he felt utterly ashamed of having erection problems and she was ashamed that she'd never had orgasm with a man. They didn't know much about sex actually and it had been hard for them to discuss it.	*Encouraging talk about sex*
In the exercises, I had asked them to touch and focus on themselves first, and he said it was very emotional for him. And *she* interestingly had found it equally emotional and had gone right back to being 13 and experimenting with her mother's skin lotions. She wanted to have something of that back. She said that she felt a bit lost and lonely. I think… I think building up the physical relationship has also accessed something for her about her femininity… and her interest in it.	*Exploring embodied experience* *Providing another way into the problem*
The touching brought out a kindness between them that hadn't been there before. They started saying things like, "I think we need to be very gentle with each other. I think we need to give each other time alone". So they started kind of giving each other space and privacy sometimes. And, you know, there was some question about whether he was going to be able to bear being touched at all. And they just gently managed to do that. So he began to feel more accepted by her. Actually they went ahead and had intercourse as a result of that.	*Making connection and reconnection possible* *Promoting psychological separateness* *Protecting against harm* *Repairing shame* *Making connection and reconnection possible*
I don't think that was the end of the problem by any means; it was more about them proving that they could do it and that they could reconnect in that way. So, they are becoming much more sensual as a result of all this.	*Creating room to explore and play*
The sensate focus was fine while it was touching for	

Table 6.5 (continued)	
themselves, but when it began to be touching for the other and to be more of the giving, they found that tricky for a while. They both seemed to have felt so isolated, lonely and unsupported in the relationship. So the sensate focus was key in helping them feel closer. He began to touch her in the way that he wanted to, not stressing about giving her pleasure, and that was really therapeutic for him, and vice versa. He could have his own experience as he wanted to, and so could she.	*Linking the present to the past* *Making connection and reconnection possible* *Promoting psychological separaten*ess

6.8 Concluding the description of the results

In keeping with IPA's protocols, chapter 6 has highlighted excerpts from interviews which allowed participants' descriptions of their clinical experiences of sensate focus to speak for themselves, with minimal interpretation, save the organisation of the material into salient themes. In chapter 7 interpretation of the results of the study moves to a deeper psychological level and considers the prevalence of couple psychoanalytic theories in the data.

From all participants' accounts, four general inferences about their theories of sensate focus may be made: firstly, body, mind and relationship are all inescapably intertwined and are not separate entities; secondly, the access to mental life through tactile experience broadens therapists' understanding of couples' inner worlds; thirdly, the reparative touch experienced by partners during the homework facilitates positive developmental changes for both partners individually, changes that can be processed within the couple relationship, thereby strengthening it; and fourthly, the appropriate inclusion of sensate focus may provide a holistic, integrated approach in couple psychotherapy.

CHAPTER 7 DISCUSSION

7.1 Introducing the discussion

The preceding chapter described the main results of this study. Predominantly chapter 7 discusses whether these results provide illuminating answers to the research questions and if so, how. In addition, reflections on the study's contribution to knowledge in the field of couple psychotherapy are presented.

The principal research question was:

How do couple psychotherapists think about sensate focus in their work?

Secondary questions were:

Has psychotherapists' understanding of the theoretical justification for sensate focus changed since their training? If so, how?

Have psychotherapists been influenced in their use of sensate focus by the dynamics of the therapeutic process? If so, how?

What, in the view of participants, is the therapeutic value, or otherwise, of sensate focus?

Using IPA, four superordinate and 14 subordinate themes emerged from the research population (table 6.1). Organising the data into these themes and placing them in a tabular format for the purposes of this thesis was a significant challenge. This was because the task deflected somewhat from the complexity of the data and the participants' experience and thinking. The list of all themes in table 6.1 belies the researcher's dilemmas about placing rich data in one category, when often they were relevant to more than one theme. In fact all themes, both superordinate and subordinate, were interconnected and difficult judgments had sometimes to be made about placing material within a particular theme. The 'compartments', so to speak, were far from watertight and may have introduced a degree of artificiality into the results, because each theme needed to be considered in relation to the others and not in isolation.

A similar dilemma emerged during the process of marrying theories and results. It was clear that these psychotherapists were viewing sensate focus through a psychoanalytical lens from five main precepts which permeated their accounts. The five precepts were:

- their view of the body as a repository of unconscious material
- their push towards conceptualisation of embodied experience
- their engagement with the infant in the couple
- their push towards couples' psychological separateness, *and*
- their creation of a holding environment.

These five ideas resonate strongly with Winnicottian theory. The discussion of the superordinate and subordinate themes is therefore rooted in some of Winnicott's most celebrated concepts about preverbal experience, including the state of unintegration, embodiment, transitional space, holding, play, the capacity to be alone and 'mirroring', all of which are included in this chapter. A justification and critique of the application of Winnicott's ideas to the IPA themes are also given. As stated above, attempting to 'pair' IPA themes with Winnicott's theories was a challenge, because his concepts are deeply interconnected: separating out his theoretical phases of infant development in this way risked appearing to segment human experience and deny its complexity. In fact, matching themes and concepts was an over-simplification in that some of Winnicott's ideas relate to more than one of the themes and none of the themes is fully illuminated by his concepts. An additional note is that Winnicottian theory, in which the erotic is largely absent, was not always the most helpful lens through which to view participants' accounts. Winnicott's emphasis on the mother-infant unit may seem limited when it comes to thinking about adult couples, as explained in section 7.6. The case for using the perspective of other theorists is therefore presented where appropriate. For all these reasons, participants' descriptions of clinical phenomena are discussed in the ways in which they might arise during therapy or in training, drawing on examples *across* superordinate themes 1, 2, 3 and 4 and on a range of appropriate psychoanalytic ideas.

7.2 Interpreting the results: an overview

A striking result of the data analysis was how participants' thinking about sensate focus fell into two broad categories: the first was *clinical work* and the second, *professional*

training. Their use of the intervention in clinical work was captured in superordinate themes 1, 2 and 3. The second broad category of participants' theories of sensate focus was its use and place in the wider professional community, including trainings and supervision, elaborated in superordinate theme 4. Participants tended to hold strong views about and be highly critical of the teaching of sensate focus within the profession and the exclusion of sexuality generally in couple work. These topics are discussed in detail in section 7.4.

Given their psychodynamic orientation, it was not surprising that respondents were clearly observing relationships through a psychoanalytical lens. This was evident in a number of ways. For example, superordinate theme 2, *facilitating couple development*, which ranked first (in the number of hits) among all themes, reflected the fact that couple development is the goal of psychodynamic psychotherapy. It was also unsurprising that the two instincts, sexuality and aggression, emerged as superordinate themes in their own right. Freud considered sexuality and aggression to be innate drives and key organisers of psychological function, and these two instincts continue to preoccupy contemporary psychoanalysts.

The key point, however, is that clearly these participants were *thinking* psychoanalytically about their clients' responses to sensate focus, but *not exclusively working* psychoanalytically in the traditional sense. The hallmark of classical psychoanalysis is the therapist's interpretation of transference phenomena emerging from the client's unconscious. Interpretation can take many forms and whilst it is not purely a cerebral intervention, it is mostly a *top down* approach, based on symbolism and language. Traditionally psychoanalysts have regarded sensate focus as a *non-analytic*, *bottom up* technique. However, participants in this study appeared to use the exercises in order to give couples a corrective experience that did not rely on language; their use of the homework debatably constituted "interpretive action" (Ogden, 1994, p. 220), as discussed in section 7.5. Their conscious intentions and thoughts (*top down*) were to tap into couples' internal worlds through the body (*bottom up*), helping each partner move nonverbal infantile experience into the verbal realm, converting sensations into thoughts which could then be talked about. The tactile intervention, used thoughtfully and appropriately, was *a powerful extra string to the therapists' bow*.

7.2.1 Theorising the body as a repository of unconscious material

All participants described using sensate focus and the *body* to gain access to couples' unconscious affective experience. The notion that the body is a repository of unconscious material is supported by psychoanalytical theory from Freud onwards. According to Freud (1900-1901), all experience moment to moment from the very beginning of life leaves a memory trace, which can never be lost, even if it is unavailable to conscious recall. In his concept of the "experiential conglomerate", derived from Freud, Winnicott (1968a, p. 18) links a mother's own unconscious memory of being a baby to her "primary maternal preoccupation" and her competence, or otherwise, as a caregiver. The experiential conglomerate is a universal phenomenon:

> ... everyone has been a child. In each adult observer there is the whole memory of his infancy and childhood, both the fantasy and reality, in so far as it was appreciated at the time. Much is forgotten but nothing is lost. What better example could direct attention to the vast resources of the unconscious! (Winnicott, 1964a, p. 147)

Participants' claims of clients reconnecting with their earliest, somatised memories through sensate focus are validated by the notion of embodied memory traces. In the preverbal phase, before a child has acquired the capacity to symbolise, experience is organised on a somatosensory level and affects equate to *bodily sensations*. With sensitive mothering, the baby's cognitive capacities develop alongside his increasing command of language, and he begins to express his bodily experience in words (Stolorow and Atwood, 1991). With neglectful or insensitive caregiving and consequent impairment to his development, the infant's affects may fail to progress from bodily states to feelings, and continue to be experienced mostly as bodily states because they have never been able to be symbolised and therefore never articulated (Stolorow and Atwood, 1991). In this scenario, the boundary established between mind and body is such that the experiential domain held in the body remains comparatively large (Krystal, 1988; Stolorow and Atwood, 1991). These theories are similar to Bollas' (1987, p. xv) concept of the "unthought known", in which unsymbolised infantile experiences, that is, "early memories of being and relating", may remain in the unconscious as powerful drivers of emotional-relational responses and behaviour in adult life. These theories also resonate with neuroscientific perspectives that address the part of the unconscious that is not the result of repressing anxiety-laden material

(Siegel, 1999). Presumably the experiential conglomerate refers to all memories, repressed and non-repressed, pleasurable, painful, or otherwise. In the view of respondents, all embodied memories were potentially recalled by couples in sensate focus.

7.2.2 Conceptualising unconscious embodied memories

Participants' rationale for using sensate focus was in part to push towards a conceptualisation of clients' unarticulated, embodied experience. Sarah's (298) assertion seemed to be that during the homework couples accessed many different states simultaneously ("The therapist is going to pick up all sorts of stuff, which wouldn't have come out if you'd just been talking"). In all talking therapies, affective experience needs to be symbolised and put into language, so that it can be discussed and worked through. Participants described how the exercises afforded a multitude of affective experiences to be symbolised at once. (By contrast, in a session a couple can articulate only one thought at a time.) An important additional point is that in psychoanalysis the preverbal phase of life is regarded as formative in psychosexual development, although the latter may be impaired by trauma in other phases of life, such as childhood and adolescence. This point substantiates participants' proposal that the body held a number of different non-repressed and repressed states concurrently. For example, Alexa (555) understood a client's presenting symptom, loss of sexual desire for her husband, as an indication of a paternal transference and her separation anxiety evoked during the exercises ("her father had left her mother … and it was her earliest memory").

Participants appeared to hold the view that working with the body helped them think about the psychic reality of the couple. This is partly because so much couple interaction is based on procedural knowledge, which is automatic and out of awareness. This unconscious knowledge about how to relate, including expectations of others in relationships, derives from the infant's experience of his environment, mainly his mother's caregiving. This early interaction forms his world of object relations, encoded gradually in his developing procedural memory system (Schore, 2011). These internalised sensorimotor models of self-and-other-in-relationship, which unconsciously organise interpersonal behaviour in dysfunctional ways, are the target of change in psychotherapy (Bowlby, 1988). It is claimed that change achieved at the level of procedural memory is long-lasting (Fosshage, 2005).

Clients' representations, based on procedural knowledge, are potentially continuously restructured and transformed through adult interaction (Beebe, Lachmann and Jaffe, 1997; Beebe and Lachmann, 2014), which by definition must include psychotherapy. The primary means of accessing unconscious relational models in psychoanalysis is through transference and interpretation. However, some psychoanalysts and psychosexual therapists believe that insight and interpretation as the sole media of change do not necessarily lead to a happier or richer sex life for couples, as discussed in section 1.2. Moreover, it is held among some eminent theorists, for example by Lyons-Ruth *et al.* (1998), Wallin (2007) and Schore (2011), that the unsymbolised, implicit (procedural) world is a neglected aspect of psychoanalytic discourse. Other theorists suggest that parent-child interactions encoded in procedural memory are imagistic and not easily translated into symbolic language for linguistic retrieval in adulthood (van der Kolk and van der Hart, 1991; Stern, 1998). In this study, participants proposed that the introduction of sensate focus might make that 'translation' more possible ("You can affect things going on unconsciously by intervening on a behavioural level", Mary, 228). Therefore, participants in this study might be said to have been using a controversial intervention to bolster access to transferential phenomena ("In using it, I want to go back to the preverbal senses", Sarah, 223).

7.2.3 Engaging with the infant in the couple

Probably the most striking finding of the study was that participants' descriptions of the processes of sensate focus were similar to those of infant development. This group of psychotherapists implied that this intervention, by its very nature as a shared bodily and affective experience in which naked flesh, touch, vision, other senses and sensations are foremost, had the ability to connect couples to their unformulated, infantile experiences of intimate contact with their attachment figures, their parents. Indeed a majority of the clinical phenomena described by participants were reminiscent of Winnicott's (1971b, p. 66) "psychosomatic partnership" between mother and baby, in which the infant's experience at the hands of his caregiver is at once equally somatic and psychological. Participants seemed to value not only the use of touch in sensate focus, but also implicitly and inescapably the use of vision, the eyes being a powerful channel for the communication of affect. The emotional impact on partners of seeing and being seen, and by implication feeling accepted or rejected, was ever-present as part of their shared

tactile experience, just as mutual gaze is a part of the continuous interaction of the mother-baby psychosomatic partnership.

It was clear from the data that participants held two couples in mind: the *adult couple* and the *infant couple*. Perhaps the most salient finding of the study was the inference that in sensate focus, psychotherapists could work simultaneously with infantile defences and anxieties *and* adult sexuality.

7.2.4 Thinking about transitional phenomena

In this study participants appeared to think about sensate focus as a transitional object, an action which facilitated a new exploration of the self in relation to the other and which was both intimate and separate at the same time (Winnicott, 1971d). This argument is elaborated below in subsection 7.3.2. Predominantly participants were using psychoanalytic theory describing particular phenomena: the transition from being merged (with mother) to psychological separateness, at which point the infant becomes a "unit self", with his skin as the boundary between the self and the external world (Winnicott, 1962, p. 60). Participants thought about how various disturbances in the negotiation of this infantile transition to separateness were manifested in adult couples through residues of early subjective omnipotence and failure to differentiate one partner from the other psychologically. Winnicott's transitional space is an intermediate or third area, which is neither inside nor outside the infant and lay between union and separateness, a transitional experience of moving away from sensory immediacy towards symbolic awareness (Abram, 2007). The successful negotiation of this transition creates a first restructuring of the world in terms of self and other, as well as the first primary space of consciousness and the beginning of the development of mind (Wright, 1991). Kathryn, for example, alluded implicitly to this theory in her description of a case vignette included in subsection 7.3.4.

7.2.5 Creating a place of safety: the holding environment

The consensus among participants explicitly and implicitly was that the processes of building a relationship of trust, protection and reliability with a couple, and over time helping partners to learn to trust each other, were crucial to the therapeutic endeavour. Establishing a good working alliance was the first task; this had to be in place before

introducing sensate focus into the clinical work. Moreover, most psychotherapists in this study acknowledged that the analyst-couple relationship was the key instrument of emotional-relational change in clients, with or without sensate focus. This finding alluded to a theory first mooted by Winnicott (1955a), a theory which became and is still accepted wisdom in the professional field (Fonagy, 1999). Implicitly participants understood their role as therapists to be comparable in certain ways with that of parenting. As Winnicott (1963a, p. 340) suggests, "Psychoanalysis … is not at all like child care … But … there is nothing we [analysts] do that is unrelated to child care and infant-care". For Winnicott (1955b), the analyst's provision of a holding environment is similar to the tasks of ordinary parenting. A baby's development depends entirely on the quality of his environmental provision (his mother's love and caregiving), which would be assured by the good enough (not perfect) mother, thanks to her live adaptation to her infant's needs (Winnicott, 1960b).

According to Winnicott (1955b) holding in psychotherapy involves the therapist being more reliable than other people in life by focusing on the client's needs and communicating both an understanding of the material presented and love or care, which are to be expressed through a positive interest in the client (as well as hate through the strict start and finish time of sessions). All these aspects of a holding environment create a highly specialised setting in which the therapist's observation of transference and countertransference phenomena emerging in the sessions can help the therapist acknowledge and repair the couple's unmet needs of the past (Abram, 2007).

7.3 Interpreting the results: superordinate themes 1, 2 and 3

7.3.1 Containing couples' anxieties and encouraging their curiosity

Before introducing sensate focus into the clinical work, participants assessed carefully whether couples had achieved enough emotional growth either to undertake the task ("I decided in supervision that maybe they were ready to try it", Robin, 209), or to be able to think about the experience of *not* doing it ("they will come back not able to engage with that and more open to thinking about what might be going on", Kathryn, 154). The question in participants' minds might have been whether the two partners, whilst vulnerable, had begun to build up a belief in a protective, benign and safe environment. Winnicott (1958) equates this therapeutic stage to the Kleinian concept of introjecting a

good object. At this stage, the therapists would have assessed whether the couple had enough confidence and trust to engage in the homework in a boundaried way despite the physical absence of the psychotherapist (the mother), who can still be "felt" even when she cannot be seen (Wright, 1991, p. 76). Participants seemed to hold in mind the need to balance support and challenge, giving support as a good object against the partners' inevitable anxiety evoked by the exercises, and helping them bear this experience. A tolerable level of anxiety might help partners be curious about themselves and build their capacity to reflect on their experience (Clulow, 2017), as discussed below.

7.3.2 Extending the field of play

In this study, participants appeared to use sensate focus as an extension of the creative activity which is therapeutic play; this is not the same as sexual play or foreplay in the contemporary popular sense, nor is it related to the classical psychoanalytic concept of sexual play in the form of compulsive masturbation as a defence against excessive anxiety (Winnicott, 1992). The therapeutic relationship is in Winnicott's view a highly specialised form of playing, leading to psychological growth and health. Winnicott's emphasis on playing in the analyst-patient dyad is a point of difference from Freud's (1905a) more asymmetrical view that the analyst's knowledge filtered through interpretation illuminates the mental contents and repressed wishes held in the patient's dynamic unconscious, revealed through dreams and the transference. For Winnicott (1968b), playing facilitates the patient's creativity which is manifested in the moment he is surprised by his own discovery, whereas interpretation may be about the therapist's cleverness, evoking compliance rather than confidence in the patient.

In the results expounded in chapter 6, participants seemed to think about sensate focus as playing in the Winnicottian sense in several ways, namely:

- helping the couple to explore and process difficult feelings such as aggression, to overcome anxiety, and to master ideas and impulses that provoke anxiety if not felt to be under control
- helping each partner enrich the self and then the external world through play and fantasy as well as pleasurable experiences
- helping improve the emotional relationship

- linking ideas with bodily function and serving the function of self-revelation, *and*
- giving couples an opportunity to experience separateness without separation (Winnicott, 1964b).

Implicitly participants acknowledged how symbol-generating processes were translated into the mutuality of play during the exercises. Overall the tactile exercises were a form of playing which developed a couple's *capacity to play*. In this study playing was in the therapists' view both the process and a developmental achievement of the homework. The case vignettes demonstrated participants' descriptions of how clients' capacity to play led eventually to sexual *playfulness*. The latter allows for different meanings and is characteristic of creative living (Colman, 2009); it is the opposite of the rigid and mechanistic sexual behaviour described in some instances by participants, behaviour which might be the presenting problem for couples in therapy.

7.3.3 Teaching the art of being and doing

According to all participants, the goal of sensate focus in the early phase was the development of the couple's capacity for intimacy in the form of shared caressing and relaxation when naked and vulnerable in the presence of another person. This relaxed mode seemed to equate to the state of unintegration, which Winnicott (1962) claims is at once the ability to relax in an unexcited state and a developmental achievement in both infant *and* adult, since it implies an ability to trust and feel at one with the environment. In healthy development the quiet states of the very young, totally dependent infant involve his ability to rest without feeling a push to integrate by having his immature ego supported by his mother's holding. This state, unintegration, is simply *being*, according to Winnicott (1987, p. 12), who proposes that *being* is the "beginning of everything"; a continuity of going-on-being is needed by the baby in a quantity "enough to establish the self that is eventually a person". Paradoxically the ability to regress to an unintegrated state is a mark of maturity, of successful integration, and of the development of a unit self, in which:

> … the skin becomes the boundary between the me and not-me. In other words, the psyche has come to live in the soma and an individual psychosomatic life has been initiated. (Winnicott, 1962, p. 61)

If, however, the mother's holding is inadequate and the baby suffers gross impingements on his going-on-being, he disintegrates, a reaction which is both frightening *and* a sophisticated defence created by the infant against his fears of annihilation (Winnicott, 1968a).

Having occasionally observed a degree of disintegration in their clients' responses to sensate focus (implying that partial integration had taken place in the past), participants acknowledged that they were managing couples' multiple, complex, primitive anxieties simultaneously. By introducing the tactile exercises, participants were effectively inviting partners to recreate a problematic sexual and emotional-relational experience together at home. In such cases, the absence of sex might have led to a psychological and sexual distancing in the relationship possibly after years of avoiding physical contact with one another. Inevitably the therapists expected couples' sexual anxieties to emerge immediately and continue to surface during the process ("it allows people to understand how scared they are of their vulnerability in the face of their bareness … one with the other", Ellen, 124-129).

Respondents distinguished, however, between two scenarios: firstly, a couple losing a previous state of equilibrium and so experiencing anxiety associated with this pressure to change; and secondly, a couple being in a state of uncertainty and open to influence. For example, Rosa's description of a woman's recovery of an intrusive, possibly abusive, somatised memory that retraumatised both partners conveyed her understanding of their defensive reaction to such a powerful impingement on their going-on-being. For the couple, disintegration and chaos ensued ("It threw them for a while", 1030). Rosa explained how her interpretation of the couple's transference to each other enabled the partners' experience to be symbolised and repaired ("he felt a bad boy … so it was healing for him to know it wasn't about him", 1032). Importantly, for Rosa, by doing the exercises, the couple connected to their own infantile experience as well as learning about their partner's. Rosa's account seemed to be that, after the initial disintegration, her holding enabled her clients to learn to 'parent' themselves and each other. They then became creative together in negotiating their own holding environment. This meant psychologically holding and being held by the other, so that they might feel safe enough to share the tactile exploration ("After a while they could discuss how to make sensate focus safe for them both and that discussion led to them being able to do it", Rosa, 1048). For Winnicott (1992), play starts as a symbol of the

infant's trust in the mother, just as in this case vignette Rosa believed that sensate focus could be broached when the couple could trust her *and* each other.

Participants' descriptions of cases suggested that sometimes they thought about couples' interaction symbolically in terms of their early experience of their mother's handling during breast-feeding and their primary identification with the breast. At this stage the baby and breast are one and the same; that is, the baby feels merged with his mother and the breast is felt by the infant to be under his omnipotent control (Winnicott, 1971a). Take Mary's case of the man who wanted to cross-dress in sex and the woman who felt intruded upon by his cross-dressing. Mary might have been theorising about the split-off or lost feminine element in the male partner. According to Winnicott (1971a, p. 81-82), the maternal breast has male and female elements:

> The male element *does*, while the female element *is.* ... Either the mother has a breast that *is*, so that the baby can also *be* when the baby and mother are not yet separated out in the infant's rudimentary mind; or else the mother is incapable of making this contribution, in which case the baby has to develop without the capacity to be, or with a crippled capacity to be. Clinically one deals with a baby who has to make do with an identity with a breast that is active, which is a male element breast, but which is not satisfactory for the initial identity which needs a breast that *is*, not a breast that *does*.

Mary's observation appeared to be that the exercises facilitated the couple's capacity just to *be*, relaxed in each other's presence, together in a state of unintegration without impingements or intrusions on their going-on-being. Hewison (2017) proposes that Winnicott's notion of "first the being, then the doing" can be translated into the "being" of the couple relationship and then the "doing" of the partners within it. Mary's couple's relaxed, non-active state (their being) enabled their creativity (their doing) and led to their discussion of how to integrate each other's needs into their sexual relationship. Interestingly, Winnicott links play and the true self with dressing in adulthood:

> Play can be 'a being honest about oneself', just as dressing can be for an adult. (Winnicott, 1964b, p. 146).

7.3.4 Enabling the capacity to be alone

Remarkably, out of the eight participants, only Ellen emphasised explicitly the essential first step for each partner in the homework ("constructively selfish", 112), namely to focus only on his or her own experience, feelings, thoughts and sensations during the exercises, as described in subsection 3.2.3. This was, however, implicit in the other accounts. The purpose of this self-focus is to develop self-awareness. In Winnicott's (1960a) terms, this goal concerns learning to recognise the true self, which is the core of the (unique) self. The false self, however, is a derivative not of the individual but of the mothering aspect of the infant-mother coupling and leads to compliance in relationships and unhealthy relating; it is a clever defence erected to protect the core self (Winnicott, 1955b).

A good example of the false-self defensive organisation is in Kathryn's case vignette, in which the man believed that the only real sex was sexual intercourse with simultaneous orgasm and the woman complied with him, at least superficially. The therapist appeared to be thinking of the couple's shared unconscious defences against psychological separateness, their fear of being alone and their apparent shock of having to face this reality. According to Kathryn (471-479), the first developmental phase was learning to play alone in the presence of the partner, focusing on their own experience ("they wanted different things") and allowing and managing difficult feelings ("he was furious" and "she was hugely fed up with it"). Kathryn described how the homework created a transitional area, a potential space, in which the couple could allow illusions of omnipotent control and the reality of separateness to co-mingle, enabling the man gradually to relinquish his infantile omnipotence (Tuber, 2008). For each partner, the exercises facilitated a move away from a state of ego-relatedness, maintained by a powerful transference relationship between the partners, towards ego integration and relative independence. In this way, Kathryn believed, they began to discover their true selves, no longer conforming to imagined social sexual norms, possibly a manifestation of their false selves. The therapist described how both partners built a stronger sense of self, which paradoxically facilitated improved relating. Gradually there was mutual acceptance of their different desires, equating to playing together in a relationship (Winnicott, 1971c).

In the case above, the therapist seemed to choose the intervention of sensate focus specifically to *disillusion* the couple and moderate their compliance. Kathryn illuminated one of the many paradoxes of Winnicott's theories (Clancier and Kalmanovitch, 1987; Abram, 2007): namely that the capacity to relate to and know oneself occurs in a dyadic context. For Winnicott (1958) a strong sense of self is linked to the achievement of the capacity to be alone, which is based on having been alone and able to play in the presence of someone, that is, in a relationship with mother in early life. Kathryn's account of her case also seemed to exemplify Winnicott's (1971e, p. 89) notion of a developmental achievement which he describes as "this thing that there is in between relating and use … the subject's placing of the object outside the area of the subject's omnipotent control". This amounts to perceiving the partner (object) "as an external phenomenon, not as a projective entity, in fact recognition of it as an entity in its own right" (p. 89). The man (infant), whilst loving his partner (mother) goes about destroying her in his unconscious phantasy. It is this repeated destruction of the object, which is not motivated by anger, that the object (partner) becomes recognised as having a life of her own (Winnicott, 1971e).

7.3.5 Thinking about shame

It was not surprising that, given their professional interest in sex, all participants were thinking about the impact of shame on clients' sexual relationships and during sensate focus. For example, Rosa's (1699) comment about teaching a young Catholic couple that "you can talk about penises and vaginas and nobody dies" reflected her countertransference of the partners' sexual shame rooted in their religion. The links between shame, sexuality and socio-cultural sexual taboos are well established in the literature (Nathanson, 1987; Mollon, 2005; Lichtenberg, 2008; Clulow, 2009). Overall participants believed that shame was a down-regulator of desire and arousal in couples and that it might be metabolised through the tactile exercises. Although "bringing themselves to therapy" could in itself be shaming for clients, the consensus among this group of psychotherapists was that this affect was more likely to emerge and be amplified in the physical intimacy of the homework.

Sarah's comment about partners' shared vulnerability and anxieties around being naked together raised the question of shame. Drawing on Winnicottian concepts, Schore (1998) asserts that phenomenologically clients experience shame as a discontinuity, a

disruption to their going-on-being. This claim places the roots of shame at the beginning of life prior to the achievement of a psychosomatic existence, when inadequate maternal care might compromise the infant's attainment of "psychosomatic indwelling" (Winnicott, 1960b, p. 589). A failure of indwelling in infancy might be manifested in adult couples as defensiveness against unconscious intolerable conflicts over their needs for tenderness, bodily contact and sexual play within a world experienced as rejecting, an experience repeated in the transference operating between partners (Stolorow and Atwood, 1991). Discontinuity might also lead to clients feeling that their body is flawed, the defective body concretising the rejected, unacceptable self (Stolorow and Atwood, 1991), a theory which supports Robin's description of the couple who always wore black to avoid being seen. Primitive shaming experiences are thought to be compounded by humiliating parental sanctions and prohibitions in the second year of life and beyond, as caregivers attempt to socialise their children (Schore, 1998; Lichtenberg, 2008). Participants seemed to use sensate focus to detoxify a range of shaming experiences in couples' early lives.

Of note, Schore (2012) supports Robin's differentiation between healthy and toxic shame. Eminent theorist Schore argues that the affect of shame is central to human development: he claims that shame tolerance, the ability to consciously experience the narcissistic pain of shame, is a healthy prerequisite to establishing a positive self-belief and a valuing of the self. By contrast unregulated or toxic shame is an unconscious, potent shame, which drives the process of repression and inhibits an individual's emotional development by deactivating the innate maturational drive (Schore, 2012). Interestingly, shame is thought to be deeply hidden in the therapeutic dyad (Nathanson, 1987), partly because clients present with unconscious dissociated shame; in such cases, shame, not anxiety, might be the "keystone affect" (Schore, 2012, p. 99).

Susceptibility to shame is associated with a history of abuse (Gilbert, 1998). So in the case of the client who "curled up" in sex, Alexa (485) seemed to think that the woman's automatic defensive posture was her protection against shame as much as her fear of her partner (her father in the transference). Similarly in the case of the client who "kept a shawl close by", Ken (116) might have been thinking about the shawl as a defence and protection (possibly symbolically the mother's body) against a frightening *and* shaming paternal object.

In this study, participants were using sensate focus to help couples learn to regulate their toxic shame and build their capacity for pleasurable sensuality, modifying negative body representations. The theme of discovering the pleasure of sensuality permeated the case vignettes. In this respect, participants' accounts closely reflected Lichtenberg's (2008) proposal, which is that healthy adult sexuality is built on the platform of infantile enjoyment of sensual experiences. This notion recalls Winnicott's (1963b, p. 76) description of the "sensuous co-existence" of mother and baby. For Lichtenberg (2008, p. 19), sexual goals in adults "represent a struggle between body pleasure-seeking arousal and the inhibiting force of shame". If children's expression of sensuous excitement incurs their parents' disapproval (according to parents' own sociocultural attitudes and unconscious procedural memories) *and* is met with parental insensitivity, then pleasurable experience may be converted in the infant's mind as something disgusting and humiliating (Clulow, 2017).

The association of shame with the felt need to disappear, to be invisible, to hide and not be seen was prevalent in participants' accounts. A very interesting finding was that in the context of shame, sensuality and body representation, vision was revealed in participants' descriptions to be as important as touch in the reparative role of sensate focus. This brings to mind Winnicott's (1967, p. 111) concept of the "mirror role" of the mother and the importance of the infant's experience of 'being seen' and loved by his caregiver, an intersubjective experience promoting his personality growth and creative capacity. According to Winnicott (1967, p. 113) during the psychophysical maternal holding, the baby "gets back what he is giving, and he sees himself in the mother's face …'en rapport' with her". This is similar to the psychotherapeutic process, when the client sees (and feels) the therapist's understanding and care. Mirroring is a two-way process in which the infant's personality develops and his world is enriched with meaning; it is an early nonverbal form of symbolisation. For Wright (2009, pp. 143, italics in original), these pre-symbolic, nonverbal exchanges form the essential building blocks of psychic structure:

> Each discrete expression resonates with a discrete infant state and provides an image of it. In this sense, the infant *discovers himself* in the mother's response, and … finds in the medium of her face an external form for his own feeling.

If mother and baby are not ‘en rapport’, that is, with little mutuality, the baby only sees the mother’s face as an uninvolved object that may be looked at, but is not engaged with his experience. In this case, if the mother is narcissistically preoccupied, she may not be available to mirror her infant’s experience, conveying only her mental absence. The baby may then incorporate his caregiver’s experience, as reflected in her face, as if it were his own, a type of interaction which leads to a false-self organisation. A further consequence is that the infant suffers a disintegration of his personality (Winnicott, 1967).

In these ways, maternal mirroring is thought to encompass a developmental process which is significantly more than the term conveys. According to Gergely and Watson (1996) and Fonagy, Gergely, Jurist and Target (2002), Winnicott’s (1967) concept conveys the influence of early relationships on the infant’s mind and the child’s developing capacity for affect regulation and mentalisation. Drawing on these authors, Clulow (2017) applies their extended theories of mirroring to a clinical approach which uses the mental and physical space between a couple and their therapist, and between the partners. Clulow proposes that the psychotherapist might mirror a couple’s experience in an attuned way (contingent mirroring), yet be able to differentiate her perspective from that of the partners (marked mirroring), so that she models a process, offers another (distinct) perspective and creates room for the couple’s experience to be thought about, discussed and transformed.

The concept of mirroring might provide an apt perspective for Robin, who described clients who could not initially do sensate focus because the woman was ashamed of a genital blemish and wanted to hide it. Robin seemed to think that the husband was able to repair environmental failures of the past firstly by identifying with and empathising with his wife’s state (contingent mirroring) and then by differentiating his experience from hers (“he managed to convince her that he really didn’t mind”, 218), an example of marked mirroring. Implicitly Robin proposed that the husband also conveyed tenderness and acceptance in his touch, desiring his wife as she was. In Robin’s mind, the woman responded by allowing herself during the tactile exercises to see and feel his acceptance and love (mutuality), an experience that seemed to change her representation of a presumably shaming, rejecting parent, helping her to also modify her own negative body representation. In other words, Robin described how the partners’

emotionally creative intercourse in sensate focus led eventually to their having physical sex:

> Being loved at the beginning means being accepted … at the beginning the child has a blueprint for normality which is largely a matter of the shape and functioning of his or her own body (Winnicott, 1970, p. 264).

A final note on shame: during her interview, Ellen described a couple who were 'stuck' in the first phase of sensate focus and not progressing. At that moment an idea came into the researcher's mind that the couple in question were defending unconsciously against the affect of shame. The researcher shared her thought, her countertransference, with Ellen, who immediately agreed with the researcher's idea. Naming the affect undoubtedly made Ellen feel it, and her conscious felt shame then made the researcher feel shame, too. The interviewer-interviewee couple appeared to share a moment of unconscious process, a moment of intersubjectivity, defined as the sophisticated human ability developed in the brain cortex which allows us to read and respond to the feelings and intentions of others (Clulow, 2017). This was a fleeting but immensely powerful experience within the total transference and countertransference dynamics between both the client couple and the interview couple. In other words, Ellen allowed the interviewer to 'touch' her case material, from which emerged an idea that could be shared, and that idea enriched the interview couple's understanding of the client couple's unconscious material. A creative relationship was formed in the interview, and this was used to make discoveries and create new knowledge, which touched and changed both parties in the process. This intersubjective experience, the use of a relationship to make discoveries and further knowledge, was true of the other interviews, as demonstrated in table 6.2. Ellen's case raised the question of whether shame rather than aggression might be an unconscious affect which incapacitates or challenges some couples in their attempts to negotiate sensate focus, as discussed above and later in subsection 7.3.7.

7.3.6 Linking sensuality to sexuality

An interesting finding was that participants seemed to regard the development of sensuality, defined as the enjoyment of bodily sensations and the search for bodily sensation pleasures (Lichtenberg, 2008), as the essential first step for couples wishing to improve their sexual relationship. For example, Kathryn (163) suggested that she used the homework to help one couple move away from anxiety-led, genitally-focused,

mechanical sex towards a broadening out and a whole-body, relaxed, much richer experience.

The consensus among participants appeared to be that the development of sensuality lent a new vitality to couples' relationships, reversing their declining interest in sex ("Touching him I felt all sorts of loving things for him I hadn't felt in ages," and "Doing this would keep a lot of people off the NHS", Kathryn, 1241-1245). Furthermore, sensuality had the potential to become part of clients' everyday creativity and intimacy, as a marker of emotional-relational maturity and attachment security. This seemed to be the case with Alexa's description of a couple who, in times of stress, reverted to the early caressing exercises to reconnect. By implication, Alexa proposed that when life's difficulties threatened the partners' felt security, this couple used the non-demand physical contact learned in the early exercises to re-establish their relationship as a safe haven, thereby allowing each partner to experience the dyad again as a secure base from which to explore the world (Castellano, Velotti and Zavattini, 2014). Moreover, sensual experience is known to be reinforced by biochemical changes: mutual touching which is tender and sensitive triggers the release of oxytocin, a neuropeptide which calms and soothes and is involved in bonding and reinforcing attachment between mother and baby and between adult lovers (Uvnäs-Moberg, 1998; Hiller, 2004).

It is possible that these psychotherapists' early focus on sensuality was in part due to the Masters and Johnson's modified design of the sensate focus programme, in which the first step is partners' learning about their own sense of touch and its meaning, as outlined in subsection 3.2.3. It seemed more likely, however, that participants intended to use the tactile exercises to encourage couples to share loving, sensitive skin-to-skin contact for its powerful potential role in repairing handling failures of the past, and for balancing and nurturing adult partners' innate attachment, caregiving and sexual motivation systems in the present ("sensate focus … gives clients a safe, boundaried way to proceed and engage sensually", Kathryn, 193). This was an important finding because the reparative, protective and arousing roles of sensuality in couples' well-being might be undervalued in the client population and in the profession of psychotherapy generally, as discussed later in section 7.4. That said, participants' linking of infantile sensuality with adult attachment and sexuality is well supported in the psychoanalytic literature. For example, Winnicott (1963b, p. 75) clearly focuses on

the sensual nature of the mother-infant relationship and their "sensuous co-existence", which makes all psychophysical maturation processes possible, including healthy sexuality, as discussed in subsection 7.3.6.

A more recent example of theoretical links between infant sensuality and adult sexuality is Lichtenberg (2008), who suggests that neonates are prepared pre-birth for shared sensual pleasure by intrauterine finger sucking and other activities. This author proposes that human beings of all ages long for physical closeness and are highly desirous of sensual experiences. Holmes (2007, p. 143) also regards the quality of young adults' sexual relationships to be founded on "the childhood capacity for playfulness and mutually pleasurable physical interactions". Overall there was a strong impression from participants that once developed, sensuality gave couples an inner resource of security, relaxation (the *being*) and creativity (the *doing*).

Alexa's linking of the achievement of pleasurable sensuality to enjoyable sexuality was overt in the case of the woman who had habitually curled up and clenched her body in sexual intercourse. Alexa conveyed her client's experience of her body as a source of pain, fear and tension as a result of her father's physical abuse. For Winnicott (1986, p. 5), such abuse equates to gross failures of holding and neglect by both parents, so that the child has "an absence of a sense of living in the body". Alexa's couple's playing in sensate focus, similar to the interplay of mother and baby, became an area of common ground and a potential space similar to a transitional object, the symbol of trust and union between couple and therapist and between partners (Winnicott, 1971d). Alexa's account was of a woman who then became alive in her body, experiencing the feeling of being real, which Winnicott (1970) linked to the achievement of a psychosomatic life and the true self. Furthermore, her client then became capable of sensual and sexual pleasure, implying the achievement of a key developmental task, the fusion of her own erotic and aggressive impulses and the integration of aggression into her personality (Winnicott, 1950). Alexa did not elaborate on the nature of the man's sexual anxieties. However, she emphasised the couple's emotional-relational and sexual development ("and subsequently they were able to have an entirely different way of being together sexually", Alexa, 497).

An interesting point in Alexa's description was that in times of difficulty and stress, the couple returned to the early sensual exercises, as if able to think about their own as well

as the other's needs and states of mind and to show concern for each other. It might be speculated that Alexa was thinking about the partners' emotional maturity, and their ability to reflect and decide to create a space to be together in a relaxed state of unintegration, of *being*. From this position, they could regain their creativity and re-engage with their selves, with each other and with the world (the *doing*). Using the frame of sensate focus, the couple could combine the *being* and *doing* elements co-existing in every human being. This capacity to use both being and doing to feel alive and engaged with the world, Hewison (2017) proposes, is a quality of the creative couple redefined from a Winnicottian perspective.

7.3.7 Thinking about aggression

Participants appeared to be unanimous in their view that sensate focus could not be used with couples who were consciously or unconsciously destructive and attacking in their patterns of relating with each other ("the emotional scarring is too great", Robin, 624). Psychoanalytic theorists who might illuminate participants' thinking include Winnicott (1971a), for whom health and creativity (including sex) in adulthood depend on the fusion of erotic and destructive drives in infancy. This fusion comes with the baby's ruthless urge to bite from the age of about five months and is made possible only by an environmental provision which meets the child's dependence needs (Winnicott, 1971a). This provision includes the mother's reciprocal desire for her breast to be attacked by her baby, according to Winnicott. In a good enough environment, aggression becomes integrated into the individual personality and fuels spontaneity, work and play (Abram, 2007), whereas in an environment of deprivation, aggression can turn into enactments of violence and destruction, which Winnicott (1956, p. 306) names the "anti-social tendency". The task of fusion, he claims, is a severe one, and large quantities of *unfused* aggression in clients may complicate the therapeutic process. Winnicott's initial concept of primary aggression mutates into destructiveness later in his career (Abram, 2007).

How might these Winnicottian concepts illuminate participants' thinking? In the view of all participants, the tactile exercises were an inappropriate intervention for couples in abusive or violent relationships in which unfused aggression, fear and intimidation were manifested ("I wouldn't even try it", Sarah, 722). According to participants, the homework might still be contraindicated in less extreme cases of unfused aggression.

For example, when Ellen (472) described couples who had "years of resentment … from not being heard or seen", she might have had in mind infant couples who seemed to have experienced repeated failures by their mother to make real or recognise the spontaneous gestures of her baby, leaving the infant feeling unrecognised by her. In adult couplings the "years of resentment" or repressed anger might then be the outcome of partners' repeated but futile attempts to be recognised and create something new in the relationship (Hewison, 2017), with their efforts seeming to fall repeatedly on stony ground.

Often in couple work, therapists may perceive that one partner's anger, even without violence, can generate anxiety and fear in the other partner and kill off sexual desire. Grier (2009) suggests that if partners claiming to love each other present with the problem of a shared difficulty with anger, it may be that they cannot bear to know about their own hatred. The author proposes that in such cases one partner may project his hatred into the other who in turn evokes hatred in the first. Denial of ambivalence and hatred can lead to a cold, punishing, impersonal quality in the relationship. Drawing on Kleinian theory, Grier holds that where an individual deeply loves his object, his experience of hatred for that same object is too troubling to countenance. Inability to accept that love and hate go hand in hand in intimate relationships and that ambivalence is an aspect of emotional-relational maturity may be a feature of troubled sexual relationships.

When talking about Klein's identification of the baby's "aggressive impulses and destructive fantasy", Winnicott (1971a, p. 70) acknowledges the Freudian and Kleinian concept of ambivalence (the recognition that the object of love and hate are one and the same) as a healthy emotional state. He proposes that during a key developmental phase, that of moving from object-relating to object use, the infant continuously destroys the object in his unconscious phantasy, as discussed in subsection 7.3.4. His attainment of emotional maturity is dependent on the object's survival of this destruction; survival in this context means that the object (mother, partner or therapist) does not react or disappear or retaliate during this process (Winnicott, 1969). If the mother cannot tolerate aggression, the baby has to split off his destructiveness. The view of participants seemed to be that for these individuals, the very idea of sensate focus would feel deeply threatening, or even terrifying. As discussed earlier, Sarah's reflection on the inability of one couple to be both emotionally and sexually close ("he went to a

prostitute and they lived together with no sex", Sarah, 162) suggested that she interpreted this scenario as a shared defence against their unconscious fear of their destructiveness. Glasser's (1986, p. 9) "core complex", a central structure established in early infancy, may apply to the case vignette above, as it applies to a degree to all sexual relationships. Aggression is a major component of the core complex. It concerns the conflict in the sexual couple between the desire to merge and the severe threat to the integrity of the self that a merger poses (Clulow and Boerma, 2009). Glasser (1979) refers to an annihilatory anxiety. In extreme cases, claims the author, sexual merger risks a permanent loss of self, or the individual's disappearance into the object, as if the person is being drawn into a black hole. For some couples, the prospect of sexual union equates to that of a terrifying fusion, which kills off sexual desire in intimate relationships (Clulow and Boerma, 2009).

Other theorists such as Lachmann and Bick may illuminate cases in which sensate focus would be inappropriate. In Lachmann's (2016) assessment of the compulsive sexual behaviour of the male lead character, Brandon, in the film *Shame*, the splitting of love (attachment) and lust (sex) is a precondition of having sexual pleasure without mobilising past shame. In such cases, an emotional connection to a sexual partner must be avoided, as in Sarah's no-sex couple where the man went to a prostitute. In the case of the client who lost his mother in infancy and felt "funny" in therapy, Kathryn (680) might have been thinking of his dissociated trauma and developmental failure at the very beginning of life. Bick (1968, p. 485) asserts that the early mother-baby tactile experience in the Winnicottian unintegration phase is crucial to the infant's health; if all goes well, the mother's handling and holding provide a "first-skin formation". The latter, claims the author, is experienced by the child as an inherent binding force which holds together parts of the *personality* not as yet differentiated from parts of the *body*, as if the body is held together by the skin. The failure to develop a first-skin formation leads to extreme catastrophic anxieties, such as of falling apart or falling into space, which later pervade every change in adult analysis (Bick, 1968).

7.3.8 Considering issues of gender, sexuality, culture and age

Some participants raised concerns about the appropriateness of sensate focus for individuals of different gender, for same-sex couples, particularly male couples, for old versus young couples and possibly for couples of ethnicities other than white European.

Some participants, not only Robin, thought the intervention promoted gender equality. Since all human beings have a mind and a body with flesh, skin and sensations, it is conceivable that *in principle* sensate focus might be used with couples of all sexual preferences, genders, ages, socioeconomic status, health and cultures. The potential capacity for sensuality and sexuality is universal, although infantile, childhood and adolescent experiences, life events, socioeconomic circumstances, and quality and duration of couple relationships may alter that capacity and or patterns of intimacy in every individual. It was clear from the data that couple psychotherapists modified the intervention to meet the emotional-relational and sexual needs of different clients, a finding which was supported by Linschoten, Weiner and Avery-Clark (2016).

Be that as it may, sensate focus is said to have been created by a woman, Virginia Johnson (Belliveau and Richter, 1970), and is largely used by psychosexual therapists who are predominantly female. In addition the researcher and most of the participants in this inquiry were female. For Hiller (2005), gender differences in sexual motivation and sexual urges exist, but there are gender *similarities* in sensual-sexual pleasure; such experience of pleasure is reinforced by the neuropeptide oxytocin, which is associated with close emotional bonds. Hiller's (2005) claim supports the researcher's clinical experience, which is that men do enjoy the non-demand tactile experience of caressing, despite sociocultural, heterosexual norms which pressure the male partner to perform and to attend to the woman's sensual needs without necessarily expecting his own to be met. All in all, no psychotherapeutic intervention is ever appropriate for every couple and it is down to the psychotherapist's open-minded approach and her professional judgment to introduce, modify or omit sensate focus from the work according to her assessment of the couple's relationship and their sociocultural context, as her understanding of each couple develops.

7.4 Interpreting the results: superordinate theme 4

Unsurprisingly the apparent lack of integration, or disintegration, of sex and sensate focus within the profession of couple psychotherapy emerged strongly from the data. The salient fact is that body and mind are indivisible in sexual matters; yet the psychotherapeutic profession represented by the participants seemed to grapple with integration of the two when it comes to sex. Is it possible that the innate anxiety of sexual relating contaminates the profession? Just as sexuality and dependence are key

issues for couples in therapy, so they may be problematic in the context of psychotherapy training and practice. Training institutions need to be capable of operating as a "secure-enough base" for practitioners, providing enough security to enable the work to be done competently, while generating a degree of insecurity to foster resilience and vitality in their members (Obholzer, 2001, p. 185). It appears that sexual anxieties travel through the psychotherapeutic community, that is trainers, therapists and clients. Using the metaphor of miners who contract silicosis from coal dust, Obholzer (2001, p. 189) proposes that the innate anxiety of the "raw material" of the work permeates psychotherapy organisations, and that inevitably the "psychic dust" of clients' distress is ingested by practitioners.

These ideas about the profession being contaminated by couples' innate anxiety and psychic dust are reflected in the data of this study. This group of experienced dual psychotherapists identified a self-perpetuating cycle of training and practice which unconsciously maintained the professional status quo of non-integration of sex. Participants had five major concerns:

- generally trainings continued to separate couple therapy from psychosexual approaches
- sensate focus was taught as a cognitive-behavioural exercise (a "garden shed", Robin, 762) with little or no thought given to the *affective* aspects of the intervention and its impact on the transference relationship couple-to-therapist and partner-to-partner
- too many therapists shied away from talking about sex in any form
- some potential psychosexual therapy trainees were unwilling to address their own sexual problems through their own therapy ("Yeah; easier to do it one removed", Kathryn, 1148) *and*
- working in an integrated manner risked alienating senior supervisors and teachers who held to mainstream split approaches ("sensate focus is not what we talk about", Ellen, 837).

Against this backcloth, participants had had to work out for themselves how to incorporate sensuality and sex into their practice and were using sensate focus selectively as a useful and effective route to a more integrated approach in couple work.

Following on from the above, a particularly interesting finding was that even this group of highly experienced dual couple psychotherapists might find working in an integrated way a challenge ("I prefer not to go into psychosexual work", Sarah, 177). There were a myriad of factors which might have contributed to their feelings of unease, beginning with the very nature of sex. Human sexuality, as Freud discovered, is both a key organiser of psychological function and a deeply mysterious phenomenon. It is immensely complex (Fonagy, 2008), inherently dysregulated (Lemma, 2017) and defies being reduced to a theory (Clulow, 2009). From a psychoanalytic perspective, sexuality is a "zone of catastrophe": an individual's experience of himself is altered profoundly in sexual encounters, in which his desire begets desire and his excitement is mirrored in and mounts with the perceived experience of the other (Fonagy, 2009, p. xx). Crucially, claims Fonagy, sex "involves the fragmentation of the self":

> As Fairbairn taught us, the splitting of self can become the convenient host for neurotic conflict. (Fonagy, 2009, p. xx)

Such comments may reflect the idea proposed by Winnicott (1960b) that the individual's task of integration is never completely achieved and splitting to various degrees is universal. Clients' unconscious experiences of these processes are inevitably conveyed to therapists in the countertransference. Small wonder in this case that some participants reported grappling with the task of integrating psychodynamic treatment approaches and sensate focus. However, this intervention provided participants with a useful tool to explore in the present and in appropriate detail their clients' shared experience of sensual-sexual contact. Perhaps then a *critical* difference between this group of therapists and others lay in their expectation that talking about sex, particularly the affective component of sexual relationships, illuminated by the tactile exercises, would necessarily be part of couple work ("How you could see couples and not have the psychosexual add-on baffled me a bit", Alexa, 81). All participants could lay claim to a particular professional skill: a well-developed "sexual interviewing skin" and "sexpertise", as Kahr (2009, p. 8) describes the willingness to be curious and concerned about couples' sexual material without being excited or intrusive, all in the service of couple development. For this group of psychotherapists, the use of sensate focus helped maintain their competence and willingness to talk about sex.

An important factor in the non-integration of sex in the profession of couple

psychotherapy is that for many decades, psychoanalysis forgot about sex (Fonagy, 2008). After Freud's study of neuroses opened the door to a broader understanding of sexuality, although highly controversial at the time and for decades thereafter, psychoanalysis changed its focus of interest from innate drives to object relations, the mother-infant relationship and aggression (Fonagy, 2009). Debatably this left the field of sex for the behaviourists, especially Masters and Johnson, to study, as discussed in section 1.2. It is both noteworthy and predictable, however, that in the 21st century, it remains an enormous challenge to engage with professional differences between and within the various disciplines of psychotherapy, and to connect the dimensions of psyche and soma with the personal, familial and cultural in order to provide effective sex therapy for couples (Clulow, 2009). The data indicated that, in the view of participants, the profession was indeed resistant to greater integration. The fact that the entire population of qualified dual therapists is small added to the evidence of the professional mind-body split in the treatment of sexual problems.

Furthermore, combining the psychosexual with the psychodynamic in practice does not necessarily equate to integration. The execution of this study provided an insight into the professional challenges described above, since it became apparent that not all practitioners with dual qualifications in psychodynamic couple psychotherapy and psychosexual therapy who have significant clinical experience were integrating psyche and soma. Of the ten interviews conducted, two were excluded from the final data set and therefore the results. This decision was made because the analysis of these two transcripts did not yield themes that were pertinent to the research question. This discovery was a dilemma for the researcher, as discussed in subsection 5.3.6. On reflection, however, it seemed that something about the phenomenon being studied, the use of sensate focus, was being conveyed in the interview process. During the two excluded interviews, the therapists appeared to separate out their clients' affective material from the homework exercises, which then became the "garden shed", as Robin (762) described it, a 'bolt-on' to the work; affective themes relating to couples' experience of sensate focus did not emerge. How these two therapists thought about sensate focus seemed to represent their work, which was segmented. However, their apparently behavioural approach to introducing sensate focus was in such sharp contrast with the thinking of the other eight participants that it provided a stimulus to the data analysis and helped clarify the researcher's thinking on the topic. A fair inference is that *all* ten interviews contributed meaningfully to the development of the study, because in

sum they highlighted the current challenge of disintegration of mind and body, emotion and sexual relationships, within the profession as well as in the client population. Indeed, the two excluded interviews were further evidence of this clinical split.

7.5 Conceiving sensate focus as a psychoanalytic intervention

The results of this study begged the question of whether there is a home or place for sensate focus in psychoanalysis and vice versa: whether there is a place for psychoanalysis in sensate focus, and whether the two different approaches might be reconciled, or not. Implicitly all participants conveyed that, when introducing the homework, they were thinking about the type of object they became to the couple in the transference ("quite liking it [the exercises] but her being in tears because she shouldn't have to be doing it this way", Ellen, 290). Arguably then the tactile exercises might be thought of as "interpretive action" (Ogden, 1994, p. 220). This concept relates to a therapist's action, other than symbolic speech, which is based on her understanding of the partners' difficulties and is used therefore in an informed way in the aim of re-parenting the couple by providing a therapeutic experience. Of note, it was not clear from the data whether this group of psychotherapists were *specifically* reflecting on couples' potential compliance when the homework was introduced and how they worked with that possibility; however, there was a general awareness of its potential impact in numerous ways on the couple-therapist alliance ("it's going to be doing *something"* [to the relationship], Ellen, 173).

Participants were united in their concern about polarisation in the profession in terms of the use of sensate focus in a meaningful way, or its misuse. Perhaps the crux of the debate lies in the manner in which sensate focus is introduced: is it an unconsciously defensive or a consciously integrated move on the part of the therapist? If the former, it may be a reaction to the therapist's anxiety about not being able to *do* something and 'fix' clients' sexual relationships, a case of acting out rather than interpretive action. Participants recognised such a move as an omnipotent defence against the experience of despair and impotence in the countertransference ("when I'm feeling pushed to do something by the couple", Ellen, 714). When, however, the action was consciously integrated, it became a thoughtful response to the perceived need to help couples conceptualise their emotional-relational experience ("they will come back … more open to thinking about what might be going on", Kathryn, 153), as well as a way to detoxify

partners' anxieties and differentiate themselves. In such cases sensate focus became an extension of the therapist's potency ("it allows people to understand how scared they are of their vulnerability", Ellen, 124); the intervention was creative and the therapist was acting as a creative couple in a Winnicottian sense, defined earlier in subsection 7.3.3. In this study, eight interviewees appeared to be working to employ the intervention in an integrated way, reflecting continuously on its impact on the therapeutic process and the couple relationship.

7.6 Assessing the choice of Winnicott

It is important to acknowledge that interpreting the study's results predominantly through a Winnicottian lens produced a binary perspective, that is, between mother and baby, on couples' sexual relationships. A quandary about using a Winnicottian perspective in this way was that the mother-baby dyad seemed an unfair and implausible comparison with the adult couple, who know about sex, sexual responses, desires and sexual satisfaction or the absence of these. Bearing in mind contemporary psychoanalytic theories of infantile sexuality (Target, 2007; Fonagy, 2008), what might be the differences between the expression of sexual drive in infants and in adults? An infant experiences sensual pleasure, as discussed in subsection 7.3.6, and penile erections occur in the very young (Sullivan, 1926). However, an adult male's erection is imbued with many different meanings; an infant male's erection cannot be so.

A further reservation about interpreting the results of the study with a Winnicottian approach to sexual relationships was the departure represented by Winnicott's theories from current practice in psychodynamic couple psychotherapy in the UK. Here contemporary couple psychotherapy is largely post-Kleinian and is concerned with interpretations of the Oedipus complex, the third area (Britton, 1989) and three-person, triangular relationships, that is, mother, baby and *father*. How far the choice of theorist, Winnicott, might reflect either the perspective of the participants or the researcher, or the design of sensate focus per se, or a defence, or some other phenomenon is a moot point. A review of the data and the qualitative themes suggested that two-person relationships predominated in interviewees' accounts of their clients. However, the Oedipus complex was also powerfully in evidence in the results, and particularly in the way the participants, as emotionally mature observers of their clients' sexual relationships, practised their art.

7.6.1 Thinking about the fit of Winnicott with the results

Consider the following points. Winnicottian theories seemed to fit well with the results overall. The most important aspects of this fit concerned firstly, participants' narratives of their clients' struggle to move from a fused couple state of mind to one of psychological separateness, achieving separation-individuation and secondly, a capacity for feeling real and creative in an adult sexual relationship. Winnicott (1971d, p. 2, italics in original) offers credible theories of the movement from a merged existence characterised by the infant's illusion of omnipotence (a crucial phase preceding the achievement of personalisation), to a transitional third area, which is "an intermediate area of *experiencing*, to which inner reality and external life both contribute". This contrasts with Klein who did not explain how the infant made the transition or journey from the paranoid-schizoid position to the depressive position (Winnicott, 1971d). Moreover, Winnicott (1960b), a truly psychosomatic theorist, privileges the mother's reliably loving response to and handling of her infant, especially in the earliest phase when the baby is in a state of absolute dependence. He makes maternal caregiving and the body fundamental to the development of mental functioning and to the baby's acquisition of all human capacities (Caldwell, 2005). This theoretical stance differs from that of Klein, who places the tensions generated by the infant's ubiquitous and always-active internal phantasies at the centre of psychic life (Klein, 1958). Winnicott's (1960b) criticism of Klein's theories is that she overlooks the initial total dependence of the infant on his caregiver. For Winnicott, it is the interpsychic environment which, for example, influences the way the infant copes with his aggression (Abram, 2007).

7.6.2 Focusing on pre-Oedipal experience

Although Winnicott (1964a) acknowledges the Oedipal conflict as a challenging phase in which tremendously intense feelings prevail, resolution of these conflicts is in his view achievable if the infant has experienced reliably good enough mothering. In developmental terms, Winnicott is mostly concerned with pre-Oedipal rather than Oedipal experience, the baby's maternal provision being all-important, with the father's role minor compared with the mother's. By contrast, for Freud and Klein, the resolution of Oedipal conflicts is a prerequisite of emotional, relational and sexual maturity. Klein (1945) places the emergence of the Oedipal phase in the child's first year, much earlier

than Freud, and brings the father, the 'third', into the infant's awareness at a primitive stage. Klein's later work suggests that the working through of anxieties and defences in the paranoid-schizoid and depressive positions is equally central in the human psyche, as elaborated in subsection 2.2.2. The depressive position is interrelated with and eventually supercedes the Oedipus complex in Klein's hypotheses of child development.

7.6.3 Modelling the third position

The relevance of the above points is that in this study respondents were modelling a successful Winnicottian mind-body integration *and* a resolved Oedipal complex. These personal achievements are essential for good psychotherapeutic practice. Participants manifested a highly developed sensory or proprioceptive internal awareness, equating to the "psychophysical, non-symbolic, conscious state of being alive in a body" (Milner, 1960, p. 237). It might be inferred that both consciously and unconsciously, participants were modelling this psychosomatic self-awareness to anxious couples. Their clients needed "to achieve an intuitive awareness of an unanxious mother figure contentedly anchored in her own body" (Milner, 1960, p. 239). In other words couples needed to internalise a good object, in order to develop their own self-awareness and relax into a state of unintegration, an early stage of sensate focus, as discussed in subsection 7.5.3. Participants' sensory self-awareness implied their capacity to relate to their own self, to be aware of their own thoughts and their experience moment by moment in sessions. This phenomenon, participants' countertransference, which is the feelings aroused in them by clients, enabled this group of psychotherapists to be alert to intersubjective processes which might reveal couples' inner worlds (Fonagy, 1999). Participants' ability to tune in to and use these affective experiences was clear from the data, as described here and in subsections 2.2.2 and 6.4.3.

Participants' capacity to reflect potently on their own experience as well as on the experience of others, their clients, is the hallmark of Britton's (1989, p. 88) "third position". The latter arises from the coming together of the parental couple in the mind of the infant and enables the child to observe others in a relationship whilst also being in a relationship with them (Colman, 2007). Britton's concept implies that psychotherapists hold a mental position which takes account of a couple in a relationship that excludes the therapist ("you realise that actually the bedroom door's

closing now and it's time for them to be in their private world without me", Kathryn, 263), and of her different relationship with each partner ("It allowed her to see the possibility of pleasurable sex. … For him, the later exercises were more difficult", Alexa, 475-478). This type of triangular relationship, an Oedipal configuration in the therapy session, provides an enlarged mental space for experience of and reflection on all the transference dynamics operating at the time. It also provides more room for mental manoeuvre on the part of the therapist, since couples usually present with two different, sometimes conflicting perspectives on the relationship they co-create. Although the latter (the couple relationship) is the focus of treatment in couple psychotherapy, the splitting into three possible pairs in therapy sessions is part of the process, and new learning by one partner may be used developmentally by the other ("so it was healing for him to know it wasn't about him", Rosa, 1032) (Hewison, 2017).

An important additional point is that participants' accounts *might* have been interpreted through a post-Kleinian Oedipal lens, specifically in terms of narcissistic object relating. Ruszczynski (1995) suggests that projective and introjective identification is at the heart of narcissistic object relating in couples who defend against awareness of separateness to avoid feelings of dependence which generate anxiety. During therapy, the ideas of the third or third area and the couple state of mind, the complex matrix of a couple relationship, are internalised unconsciously by the couple, as the partners develop their capacity to think and talk about their relationship and work through problems together. The partners can then move away from narcissistic styles of relating in which part-objects and primitive anxieties and defences dominate their internal worlds (Ruszczynski, 1995), gradually moving towards whole-object relating and interacting more frequently as a creative couple.

7.6.4 Encouraging interdependence

Although much of the material in participants' descriptions, interpreted by the researcher using a Winnicottian lens, might be viewed equally through the lens of part-object and whole-object relating, there are certainly fundamental theoretical differences. Probably the greatest of these is Winnicott's sensitivity to the baby's total dependence on his mother or mother-substitute, a credible real-life observation which Winnicott (1971d) claims is missing in the common understanding of narcissistic object relating. This difference raises the question as to whether psychotherapists can usefully

apply the concept of the total, uni-directional dependence of the Winnicottian baby on his mother, to the adult couple. The answer is probably not; nevertheless, adult partners' over-dependence and its counter position, denial of dependence, are unhealthy in equal measure. It is probably more helpful to think about clients' sexual relationships in terms of partners' *interdependence*, which if acknowledged by the couple is a marker of mature relating and secure couple attachment (Fisher and Crandell, 2001).

Fisher and Crandell (2001) propose that a couple's security of attachment is manifested in the ease and flexibility with which partners move between stances of depending on the other and being depended upon by the other, adapting their roles to meet life's challenges, such as changes in the workplace or childbirth. Their ability to negotiate creatively their joint responses to such changes is part of the couple's reflective functioning, which is a primary goal in couple psychotherapy. It makes sense therefore to think about degrees of *bi-directionality* in couple relationships. Insecure couple attachments are characterised by the absence of bi-directionality, and also by their lack of flexibility and two-way support (mutuality) (Fisher and Crandell, 2001). By contrast, reciprocity in caregiving between partners provides a safe haven in times of stress, as discussed above, and fosters secure attachment bonds as well as a powerful basis for sexual intimacy (Castellano, Velotti and Zavattini, 2014).

7.6.5 Valuing and respecting the body

Further theoretical differences between narcissistic object relating and a Winnicottian lens, when considering participants' theories of sensate focus, include Winnicott's understanding of embodied experience and his thoroughly psychosomatic approach to human development. The body, the individual's representations of it and his relaxed sense of being alive in his body, are inseparable from enjoyable sexual intimacy, as explored in subsections 7.5.5 and 7.5.6.

It is probable, despite the apparent relevance of Winnicottian concepts, that a number of different psychoanalytical lenses might have been usefully applied to the results. Research data is never free of contamination by the researcher (Finlay, 2002), and the choice of Winnicott reflects the researcher's own perspective, conscious and unconscious, which undoubtedly influenced the whole study including the interpretation of the results. All psychoanalytical theories are limited and couple psychotherapists

need different lenses through which to view clinical phenomena (Hewison, 2017). It is remarkable nonetheless that in a study linked to clients' sexual problems, the chosen theoretical lens is one in which sexuality and the erotic are minor topics. Perhaps symbolically speaking the "psychic dust" (Obholzer, 2001, p. 189) of clients' sexual anxieties permeates the research process, too.

In summary, participants appeared to believe that through the homework, they were giving adult partners a second 'go' at a development process, which, for their clients, had been compromised in infancy. Although adult clients, rather than infants, carried out the exercises, and although clearly sensate focus could not truly replicate early-life processes, participants asserted that couples' earliest mental models or representations of past relationships might emerge and be modified through partners' shared tactile experience. This finding seemed to validate the study's aims, because it demonstrated that this professional group introduced the caressing exercises as a response to the emotional-relational problems underlying clients' dysfunctional sexual relationships. Equally, through the homework, participants helped partners learn in private how to be with each other in new pleasurable, sensual-sexual ways, which they evolved and created together using touch ("I think that the opportunity for these couples to rethink their sexual relationship and to reconnect is something that sensate focus can give very powerfully", Kathryn, 289-291). Participants were therefore holding in mind the infant couple and the adult couple simultaneously when using the behavioural intervention.

CHAPTER 8 LIMITATIONS, VALIDITY AND QUALITY OF THE STUDY

The decision to interrogate the research questions using the methodology of interpretive phenomenological analysis (IPA) was based on IPA's epistemology, its real phenomenological benefits for a study concerned with the processes of psychotherapy, its output of rich data, and its general compatibility with the aims of the project, as discussed fully in section 5.2. IPA is, however, open to criticism and its limitations as a methodology are now considered. Nevertheless, it is worth noting that the adequacy of any research method is to be judged by its ability to facilitate addressing the research question(s).

8.1 Considering the limitations of IPA

Two limitations of IPA can be directed at *all* qualitative research: firstly, that 'facts' in human interaction fluctuate over time and are probably mostly unrepeatable (Gergen, 1973; Hewison, 2013), so that knowledge of human interaction cannot be built empirically. As a form of phenomenological analysis, IPA accepts that another person's mind or internal world is essentially unknowable (Smith and Osborn, 2003) and that any researcher can only glean a partial 'truth' perceived at a particular moment within a particular researcher-participant relationship. Secondly, it is acknowledged in phenomenological research that "social psychology alters the behavior it seeks to study" and so the act of studying participants' experience through a researcher-participant relationship changes that experience (Gergen, 1973, p. 314).

A third limitation of IPA is touched on in section 7.1 and concerns the artificiality of having to organise participants' thinking and experience into themes. It seems that a researcher has to impose a linear structure and tabular format on data about human relationships. In so doing she foregoes trying to illustrate the complexity of both the data and the psychoanalytical concepts used to interpret the data, in other words the complexity of the human condition.

A persistent critic of IPA is psychologist Amedeo Giorgi, who is credited by Applebaum (2011, p. 520) for working for the last 50 years to develop a "human science paradigm" which might "legitimate our work in a way that reaches out to the

larger scientific community". Giorgi (2004; 2011; 2014) rejects IPA as a methodology because it is not prescriptive and therefore neither replicable nor scientific, and because it does not reflect his own adaptation of Husserl's phenomenological philosophy. A possible flaw in Giorgi's argument, similar to Husserl's thinking, is that he appears to insist on the idealistic pursuit of an objective method of studying subjectivity, defined as "consciousness, experience, psyche, agency, the lived body, ego, self" (Giorgi, 2004, p. 23). Given the vicissitudes, messiness and ambiguity of human relationships, his proposal seems unachievable, and arguably Giorgi acknowledges this when he states:

> The pursuit of objectivity by fallible human subjects is fraught with vulnerabilities, but that is no reason not to seek it. (Giorgi, 2004, p. 23)

A key rebuttal of Giorgi's argument is that IPA is a research methodology and although it has "affinities to philosophical dialogues," it is not required to follow the "relentless intellectual reasoning" of such dialogues (Kvale, 2007, p. 22).

Apart from Giorgi, IPA is criticised by other psychologists for being an inductive, intuitive method (Willig, 2008). In qualitative research, the next interview might be the one to produce confounding evidence (Hewison, 2013). This aspect of qualitative inquiries does not diminish their professional value or interest. The researcher may think of qualitative studies as "potentially generalisable", or at least "potentially applicable" in other contexts, and may therefore claim a degree of external validity (Willig, 2008, p. 17).

Another 'limitation' of IPA is that there is no attempt to test the predetermined hypothesis of the researcher (Smith, Flowers and Larkin, 2009). In fact the opposite is the case: the IPA researcher remains open to and curious about the interviewee's experience which might refute, support or be unrelated to the inquirer's pre-understandings. This is the vital point: IPA can hardly be criticised for not doing what it does not set out to do. IPA may be used to explore and engage with theory; thus it may *build* theory, but will not *test* it (Brocki and Wearden, 2006). In this inquiry, IPA's capacity to build theory was evident insofar as the method helped highlight the broad range of psychoanalytic concepts participants appeared to use in their interpretation of couples' responses to sensate focus, which in turn contributed to the richness and creativity of the results.

8.2 Acknowledging the limitations of the sample

The researcher's selection criteria for participants, shown in table 5.1, were formulated to ensure that only dual couple psychotherapists with significant clinical experience and using sensate focus regularly, but not necessarily frequently, were invited to take part in the study. In fact all participants were using the intervention sometimes with some couples. In hindsight, it might have been valuable to include psychotherapists who had stopped using sensate focus in order to understand their rationale for that decision. The latter group might have added to the data on the profession's mind-body split, or problems with client assessments, or more importantly, they might have highlighted new and unforeseen avenues of exploration.

Selection is a two-way process and it is useful to think about participants' self-selection criteria in this inquiry. Dual therapists contacted by the researcher seemed to have different motivations for declining or accepting to be interviewed, although their reasons were not always specified. Among participants, motivations appeared to include a sense of professional responsibility especially in the case of trainers and supervisors; the opportunity for professional development; professional reciprocity ("You took part in my survey years ago", Robin, 988); feeling complimented by being 'chosen' and genuine interest in the topic. Of particular note, on completion of data-gathering it transpired that participants' attitudes to sensate focus differed significantly, from being passionately in favour of the tool, through to a marked wariness of its impact on couples and the therapeutic relationship. A perception of these differences is illustrated in chart 6.8. However, generally during the interviews, participants came to realise that they used sensate focus more frequently and for different purposes than they had first thought at the point of agreeing to be interviewed, as shown in table 6.2.

The majority of participants (eight out ten) were female, as are the majority of psychotherapists. The potential influence of participants' gender on the results is discussed fully in subsection 7.3.8.

8.3 Realising validity and quality in the study

Unlike quantitative studies, for which there are established assessment criteria, there is

much debate in qualitative research about *validity* and *quality* (Langdridge, 2007) and about whether it is possible to have one set of assessment criteria for all qualitative methodologies when so many exist (Willig, 2008). In this inquiry, considerations of *quality* were informed predominantly by Yardley (2000) and Smith, Flowers and Larkin (2009), and also by three further sources whose theories address similar aspects of research projects: Elliott, Fischer and Rennie (1999), Larkin and Thompson (2012) and Finlay (2011). All these authors locate themselves within a phenomenological-hermeneutic paradigm and therefore their suggested criteria are consistent with IPA's epistemological foundations and methodology.

8.3.1 Considering validity

Although the results of the inquiry pertained to a particular group of participants, the researcher speculates that their unique experiences and theories will resonate strongly with other psychotherapists using sensate focus with couples. In this case, the text may be deemed to have "spontaneous validity" (Angen, 2000, p. 391). All the themes in the study received many hits, which further validates them. Given this internal coherence and the clinical credibility of the IPA results, the gap in the literature, described in chapter 4, between psychosexual and psychoanalytical theories seems even more remarkable, particularly as some of the results were expected. Consider these observations. First, the superordinate theme, *facilitating couple development,* aggregated the most hits of any theme. This result was entirely appropriate and predictable, since all participants were couple psychotherapists whose goal by definition was couple development, as discussed in section 7.2. Secondly, the fourth superordinate theme, *challenging couple psychotherapists*, received the second highest number of hits and this finding was also appropriate and understandable, because these participants were working psychoanalytically and feeling challenged by their use of an interpretive action rather than a verbal intervention. Thirdly, participants' struggle to combine approaches was reflected in the fact that *integrating practice* had the most hits of any of the subordinate themes. This finding also reflected participants' concerns that professional trainings continued to teach sensate focus as a sexual technique rather than a developmental tool.

Paradoxically there is evidence of both strong convergence and divergence in participants' accounts. In fact, the more the data were revisited and reviewed and the

more the analysis developed, the more the material seemed to be linked by common threads, which were not always perceptible in the beginning. This change in perception evolved from the iterative process of the analytic method, which helped create the mental space for the researcher to see the data and themes afresh with each review (Finlay, 2013). At the same time, the individuality and unique experiences of participants emerged clearly from the inquiry. In chapter 6, the results, the researcher attempted to capture this paradox by selecting excerpts from the eight interviews that simultaneously reflected participants' diversity and thematic unity. Although the numerical scores for superordinate and subordinate themes vary from participant to participant, as shown in charts 6.1-6.7, this variation is to be expected within the scope of such a study. There is both a healthy diversity and a clear generalisability within the sample. Finally, it was the data that led to the choice of psychoanalytic theory, *not* the other way round; this adds to the internal validity of the study overall.

8.3.2 Considering quality

The question of how to review an IPA study specifically is addressed by Smith, Flowers and Larkin (2009), who base their discussion on criteria proposed by Yardley (2000). The latter fall into four main categories: "sensitivity to context", "commitment and rigour", "transparency and coherence", and "impact and importance" (Yardley, 2000, p. 219). In effect these four categories are difficult to separate and are all interconnected and interdependent.

8.3.2.1 Sensitivity to context

The strongest manifestation of sensitivity to context, according to the authors listed above, is the richness and appropriateness of data extracted from the interviews. In turn, good data depends on the appropriate selection of participants, the sensitive handling of the interview process and its power dynamics, and the researcher's attention to detail during the analysis. Finally, sensitivity to context extends to the use of verbatim extracts to allow the reader to check interpretations being made in the final report (Shinebourne, 2011).

Evidence of the researcher's sensitivity to context is manifested in this study by the wealth and depth of data acquired, which were the result of thoughtful application of

IPA methodological procedures outlined in Smith, Flowers and Larkin (2009) and described in detail in chapter 5, an approach which continued through the writing phase. In particular, the time and effort invested in the analysis, an iterative process which took more than a year, helped ensure thoroughness in the task, as illustrated in charts 6.1-6.7, which show the frequency of themes occurring within each transcript as well as across all transcripts. Research supervisors were consulted regularly and at key points during the analysis, and as a result themes were modified. In addition the process of reflexivity was applied throughout the project as an operational method. Examples of this included firstly, identifying the appropriate population and locating and recruiting participants. In this respect, the researcher followed good practice by providing in this thesis critical descriptive data about the selected sample and their relevant characteristics, such as clinical qualifications and experience, theoretical orientation, gender and age (Elliott, Fischer and Rennie, 1999). Secondly, the interview approach was prepared thoroughly by means of a pilot study, and thirdly, a reflexive attitude was demonstrated in the investment of significant space and time pre- and post-interviews for reflexive thinking and for facilitating creative researcher-participant interaction, as outlined in chapter 5 and highlighted also in table 6.2. Thirdly, the researcher owned her perspective (Elliott, Fischer and Rennie, 1999), that is, her theoretical, methodological and personal orientations relevant to the research topic, set out in chapter 1. Stiles (1993, p. 613) argues that evidence of the researcher's theory being changed by the data equates to *reflexive validity*: "as a theory assimilates new observations," he claims, "it changes to accommodate them … [and corrects] … its own earlier inaccuracies".

8.3.2.2 Commitment and rigour

The researcher's commitment to the project was illustrated in the first instance by the investment of her own resources (time, finances, effort) in attaining a depth understanding of the chosen methodology. This investment comprised attending a two-day introductory workshop on IPA, led by experienced academic researchers; engaging with an international web-based discussion forum on IPA, which is active with daily posts of topics providing new knowledge of controversial aspects of IPA, from optimal number of participants, and the method's compatibility with psychoanalysis, through to reflexivity and its place in the report of the study; reading widely on the use of IPA, not simply relying on the founders' guidelines on procedures; and finally collaborating with

research colleagues, who were either well versed in or new to the use of IPA, including a monthly Research Practice Group held at Tavistock Relationships, London.

Providing credibility checks is a primary route to establishing trustworthiness and demonstrating rigour in a qualitative project (Elliott, Fischer and Rennie, 1999). In this study, a senior colleague with extensive experience of IPA-based research was consulted on the data analysis, and then on the draft chapters on methodology and results. Her comments were discussed and the report amended accordingly. This checking was in addition to consultation with research supervisors. These highly experienced, research-oriented colleagues considered the raw data of the transcripts and confirmed the inquirer's proposed interpretation, providing a consensus on themes and their meanings. The claim to rigour in the study is also supported by the chronological paperchain (digital and in hard copy), described in chapter 5, which would permit a full audit of procedures and decisions taken, were such an audit to take place.

8.3.2.3 Transparency and coherence

For Yardley (2000), these two criteria relate to the power and persuasiveness of the argument put forward by the researcher's report. This means providing a creative and convincing account which is recognised by interested readers as meaningful. Above all, the 'fit' between the research question and philosophical underpinnings, the methodology adopted and the analysis undertaken is a principal feature of coherence. In this study the aim was to explore and give voice to couple psychotherapists' thinking about sensate focus and therefore the selection of practising therapists highly experienced in the use of sensate focus was an appropriate sample to target. The researcher's interpretation, or making sense of the participants' experience, was acknowledged throughout as being limited to that, an interpretation. The aim was to construct a version of reality which would strike a chord with the study's intended audience, the researcher's professional peers. For Smith, Flowers and Larkin (2009), research procedures must be fully described. In this study chapter 5 gives full details of research procedures undertaken. For Larkin and Thompson (2012), there should be clear, substantive engagement with the data, not just description but an understanding. Arguably in this study chapter 6, the results, illustrates a lively and appropriate engagement with participants' accounts.

8.3.2.4 Impact and importance

For Smith, Flowers and Larkin (2009), the only real validity of a study is whether or not it provides its target audience with interesting, important and useful insights into the topic. In a similar vein, the decisive factor for Yardley (2000) in a research report is its impact and usefulness. However, only the community identified as the target audience can assess whether a completed study has these qualities. In this inquiry, the researcher aimed to offer new, challenging perspectives on the use of sensate focus in couple psychotherapy, which might open up new understandings within a profession which has used this tool for over 45 years, with little new written about it, particularly in relation to its role in couple development. The researcher's commitment is to influence how it is taught in future by publishing and teaching the new theories. Within the field of couple therapy and psychosexual theory, sensate focus remains the mainstay of bodily treatments for sexual problems, and new thinking is long overdue. This opinion is supported by participants' end-of-interview comments (shown in table 6.2) that the experience of the interview had had an impact on and changed their thinking. According to Stiles (1993), the concept of *catalytic validity* describes the growth of or change in participants whose experiences are being described and who are then empowered to change their psychotherapeutic practice in relation to the use of sensate focus. One such outcome was that an interviewee modified the content of her training course on sensate focus a few days after the interview.

CHAPTER 9 CONCLUSION AND RECOMMENDATIONS

9.1 Concluding the study

This study has identified an issue that may be depriving couples of more effective help than they are receiving at present. That issue is the bifurcation of sex as a somatic phenomenon and as a vehicle for the expression of psyche and relational disturbance. Through interviewing dual therapists the researcher has identified some consistent themes in participants' rationale for combining psychological and bodily approaches, together with some indications of when the use of sensate focus may or may not be helpful. However, there is a lack of theory underpinning a dual approach, which this study now provides in primarily Winnicottian terms. Given a conceptual basis for integrating the two paradigms, the profession is potentially in a strong position to change training and practice in ways that would benefit couples presenting with sexual problems. This is the point of the study and the use to which it *could* be put.

The results lead to a number of observations and recommendations regarding professional training, practice and future research on the use of sensate focus in couple psychotherapy:

- integrating the physical aspects of sex in couple psychotherapy, and psychoanalytic theory in sex therapy
- attempting to overcome professional resistance by the dissemination of the findings
- producing guidelines on assessment of couples for possible use of sensate focus.

9.2 Recommending changes to professional training

Couple psychotherapy and sex therapy trainings appear to be polarised in terms of a focus on either mind or body in sexuality and provide only half of the knowledge and skills required to equip practitioners to work with the complexity of adult sexual relationships. It is proposed that teaching in both approaches be based on bi-directional case studies, similar to those described in Green and Seymour (2009) and Caruso (2011).

Since there is a bifurcation in the training field, proposals requiring change of such magnitude are bound to meet with serious resistance, with many forces such as professional identity, prejudice and professional silos working against progress towards bi-directional training and practice. This study is offered as a means of countering whatever resistance there might be. It is proposed that a summary of the study be presented by the researcher to decision-makers and decision-influencers in training schools as a first step in influencing changes in the teaching of sensate focus to couple psychotherapy trainees and psychosexual therapy trainees. New or revised training programmes would focus on the developmental and emotional-relational aspects of the intervention. The implications of the study's results to professional practice will also be communicated to the wider profession through papers targeted at professional journals and through conferences and seminars. Dissemination of the key results and discussion points of this study to a wide professional audience will help meet the clear need for facilitating and encouraging talk about sex in psychodynamic couple psychotherapy and about couples' unconscious motivations in sex therapy.

One of the desirable changes to practice would be the development of a method of couple assessment that contained criteria for thinking about when sensate focus might or might not be appropriate. It is envisaged that such an assessment tool would be particularly useful for new graduates and practitioners at an early stage in their careers.

In addition, it would be useful to consider particular ways of introducing and describing the concept of sensate focus in clinical work that might be engaging and developmental for couples. For example, therapists might propose the early exercises to clients as an exploration to help therapist and couple alike to understand more about the partners' sexual difficulties. In addition therapists' sensitive curiosity about clients' immediate responses to the idea of doing the homework might also help minimise couples' anxiety. Such therapeutic responses could replace the practice of merely giving a set of rules to follow, a practice that was strongly criticised by participants. More importantly, participants implied that there needed to be a complete review of how new therapists are trained to think about, respond to, convey their curiosity about and interpret couples' feedback on the exercises. Training programmes need to include more teaching on the many unconscious processes operating in the therapeutic relationship as a result of the introduction and continuing work of sensate focus.

9.3 Applying the findings of this study to psychodynamic psychotherapy practice

The starting point for applying this study's findings in psychodynamic psychotherapy must be the person of the therapist.

As discussed in section 6.5 and 7.4, a couple therapist needs to be comfortable with and open to discussing with clients the detail of sexual relationships and sexual problems, from loss of desire to sexual dysfunction and the many other aspects of sexuality that bring couples to therapy. Clinical experience suggests that many clients are tentative around discussing their sexual anxieties and are sensitive to the therapist's cues, conscious and unconscious, about 'permission' to talk about sex. A key factor in this is the therapist's own degree of integration and emotional maturity, which evolve with her training, personal analysis, self-awareness and clinical experience. A second key factor is the practitioner's openness to the perspectives of both psychodynamic psychotherapy and psychosexual therapy, and to bringing new learning from one paradigm to the other as part of her requisite continuous professional development in clinical work. The appropriateness and timing of the tactile intervention can only be learned through extensive practice. However, a good starting point is the up-to-date, detailed description of sensate focus and its application in texts such as Weeks, Gambescia and Hertlein (2016) and Weiner and Avery-Clark (2017). The interested practitioner can draw on a wealth of behavioural and biological detail provided in these texts as a *background* to integration.

This study identified several contraindications for sensate focus in couple work. These include cases where strong barriers have been erected by the partners in the form of splitting or phobic avoidance of sex, or where partners are physically or emotionally abusive with each other, or have a family history of neglect, unprocessed sexual abuse or violence. In these couples one partner may fear the other; there is likely to be a lack of trust and there may be bullying and coercion. Early maternal loss, or a significant other loss insufficiently worked through, in either partner may also be a contraindication for the tactile intimacy of the exercise programme. In addition, as discussed in subsection 4.4.1, Benioff (2012) proposes that for some couples who share an unconscious fear of sexual excess, sensate focus might be a terrifying proposition. On the other hand, the therapeutic frame underpinning the homework may help create a

world of manageable expectations which feels safe for both partners, as suggested by Benioff when she comments on a colleague's case study, in which the use of sensate focus was successful and developmental for the couple. In that particular case example, the couple relationship had improved substantially during therapy, yet the partners could not re-engage in sex. Sensate focus was a safe, boundaried way for them to share sensual experience again. In some cases where the couple relationship improves and partners start to feel more connected to each other, behavioural exercises may not be needed.

As outlined in subsection 7.2.5, the establishment of a holding environment and therapeutic alliance with the couple were essential to respondents in this study before introducing even the idea of the homework into the sessions. Bearing this finding in mind, it seems important to consider a number of indicators which might make the shared tactile experience developmental for couples. These include:

- partners' current capacity for mutual caregiving
- partners' trust in each other
- partners' wanting equally to have some physical intimacy, be it affectionate, sensual or sexual
- partners' developing capacity to think about and talk to each other.

It is hard to be completely prescriptive about when to introduce the touching exercises. A good therapeutic outcome relies not only on the therapist's skill and theoretical knowledge, but also on her sensitivity to the unique presentation and psychopathology of a couple relationship, as it unfolds in the therapeutic process. There are many examples of good practice in chapter 6 of this thesis. In the psychodynamic couple psychotherapy profession, there is a degree of the idiosyncratic operating in every practitioner, as this study has shown. A secure therapist will find her own way of integrating paradigms if she sees value for the couple in doing so, while remaining alert to possible risks, such as emergent, embodied trauma, and responding appropriately if that occurs, thereby confidently and competently managing the risk if homework is given.

9.4 Envisaging further research

Possible future research falls into four categories:

- replication of this study's results
- psychotherapists' reasons for stopping using sensate focus in couple work
- psychotherapists' comfort with discussions about sex and ability to explore important details without being intrusive
- an outcome study.

Further research might investigate how other practitioners are working with the dual approach adopted by participants in this study. Such research might validate, or qualify, the results of this study; it might extend or focus more tightly the superordinate and subordinate themes identified. All of these outcomes would continue to develop professional understanding and provide innovatory ideas on how to work effectively with mind, body and sexual relating in couple psychotherapy.

Future research also needs to focus on the reasons that dual couple psychotherapists *stop* working with sensate focus, since this might provide important new perspectives on difficulties encountered using the intervention in couple work, difficulties which may as yet not be understood or known about in the wider profession. More important still, future research might investigate the anticipated resistance to teaching a dual integrated approach in couple psychotherapy, described in section 9.2, since training is the portal through which future practitioners must pass if they are to practise.

There are two possible future studies of a more ambitious nature than the above. The first is an investigation into potential links between psychotherapists' confidence and comfort in discussing sex in detail with couples and the successful use of sensate focus in clinical work. Such research might also address the absence of discussion of sexuality, not just of sensate focus, in professional practice generally. Secondly, an even more ambitious study might measure and compare changes in the reflective functioning and sexual satisfaction of clients treated by dual therapists and those receiving only psychoanalytically-informed therapy or psychosexual therapy with sensate focus at its core. A potential risk with such an outcome study is that it might set up a sense of professional competition about which approach works best. Potentially, however, this

type of study might highlight differences in couples' achievement of integration and capacity for living creatively together as a sexual couple and also as co-parents. This information would be valuable to the profession.

9.5 Looking at the bigger picture

Sexual disorders are a frequent presentation in couple psychotherapy. Sex is a mysterious phenomenon of the human condition, as history has shown: attempts to understand sex and enhance couples' experience of sex have long been met with shock, contempt and shame, from Freud to Masters and Johnson and onwards. In the 21st century, knowledge of aspects of sex has advanced enormously on many fronts: in psychotherapy, sex therapy, biology, pharmacology and medicine. If professional teachers and practitioners stepped outside their own paradigms and looked at the 'bigger picture', it seems entirely logical that therapists working with couples' sexual problems would attend in equal measure to the emotional-relational, behavioural and physiological components of sexual relating. However, integration seems to be taking place on only a small scale. It could be argued that with its service split between mind and body, current practices in couple psychotherapy are not meeting the needs of the clients who are seeking professional help with sex.

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APPENDIX 1. Participants' information sheet (page 1 of 3)

Participant Information Sheet

- Sensate Focus Research Study

Research study title:

Psychodynamic Couple Psychotherapists' theories of Sensate Focus

The researcher

Susan Pacey MA
30 Weymouth Street
London W1G 7BS
Telephone: 020 7631 5171 (work)
020 7916 7055 (home)
Email: susanpacey@yahoo.com

Research base

University of East London
Cass School of Education and Communities
Stratford Campus
Water Lane
London E15 4LZ

Tavistock Centre for Couple Relationships
70 Warren Street
London W1T 5PB

University Research Ethics Committee

If have any queries regarding the conduct of the programme in which you are being asked to participate, please contact:

Catherine Fieulleteau
Ethics Integrity Manager
Graduate School, EB 1.43
University of East London, Docklands Campus
London E16 2RD
Telephone: 020 8223 6683
Email: researchethics@uel.ac.uk

1

Consent to participate in a research study
You are invited to participate in this research study.
The purpose of this document is to provide you with the information you need in order for you to consider and decide whether to participate in this study.

Project description
1. Introduction
In psychosexual therapy, the most important behavioural tool for couple work is 'Sensate Focus', a programme of mutual touching exercises given as 'homework' to couples presenting with sexual problems. In this way, psychosexual therapy attempts to bring about emotional and sexual change primarily through the *body*. In contrast to psychosexual therapy, psychoanalysis addresses sexual problems through the *mind*. Indeed psychoanalysts regard Sensate Focus as an anathema, a concrete solution to emotional and relational problems (Benioff, 2012). It is therefore a remarkable development that some practitioners of psychodynamic couple psychotherapy, an application of psychoanalysis, have begun to incorporate Sensate Focus in their work (Caruso, 2011, 2014). This change in practice is largely in advance of theory, and little is known about couple psychotherapists' theories about Sensate Focus.

2. Study aims
The aims of this study are to investigate the ways in which psychodynamic couple psychotherapists think about Sensate Focus in their clinical practice, and how psychotherapists understand couples' responses to the Sensate Focus exercises during the course of therapy.

3. Interview
Taking part in this study will involve one interview of up to 90 minutes. The interview will be semi-structured: although I will have a few prepared questions, I will give you ample opportunity to describe your own, unique perspectives and theories about Sensate Focus in your practice. Importantly, I will ask you to provide brief 'case vignettes' to illustrate your thoughts.

The interview needs to take place in a private setting, at a convenient location for you: this is likely to be either at your workplace or home, or at my own workplace in London W1. If you travel to my premises, I will reimburse your travel costs.

Just before the interview begins, I will ask you to sign a consent form. The interview will be recorded on a digital voice recorder, backed up by a tablet computer, and subsequently transcribed for analysis.

The objective of the interview process is to glean interesting data for both of us, as participant and researcher. At the end of the interview you will have the opportunity to tell me openly about your experience of the interview. If for any reason you would like to discuss your interview further at a later date, please feel free to contact me. In any event, I will phone or email you 1-2 weeks later.

This study is being undertaken and privately funded by me as part of the doctoral programme (Professional Doctorate in Couple Psychotherapy) held at the Tavistock Centre for Couple Relationships, London, and validated by the University of East London.

The study has received formal approval from the University Research Ethics Committee (UREC).

Confidentiality/anonymity

At the end of the interview, we will also discuss whether there are any potentially identifying details about you or your clients, and these will be changed or deleted to safeguard anonymity. If, when reviewing the interview recording at a later stage, any identifying details remain, I will change those details to protect anonymity. Please note especially that

1) *verbatim extracts* from interviews may be included in the final report of the study, and
2) data from the interviews will be described *and interpreted* by me as the researcher as part of the final report.
3) the small number of participants involved in this study may have implications for anonymity.

During the project, material from the interviews will be shared only with my two research supervisors, Dr Avi Shmueli and Dr Christopher Clulow. In addition, a trusted and known confidential service will be transcribing the audio files.

Data generated during the study will be retained in accordance with the University's Data Protection Policy. For security, all recordings and transcripts, including participants' contact details, will be kept in a password-protected computer, which in case of loss or theft has remote capability to locate the computer and delete files, and in discrete, locked filing cabinets in my home. Your personal information, the digital recordings and the transcripts will be destroyed when the project is completed, i.e. after 3-5 years.

Please note that in the case of disclosure of imminent harm to self and/or others, rules of confidentiality will not apply.

Disclaimer

You are not obliged to take part in this study and, if you do, you are free to withdraw at any time. Should you choose to withdraw from the project, you may do so without disadvantage to yourself and without any obligation to give a reason.

References

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APPENDIX 2. Participants' interview consent form

University of East London & Tavistock Centre for Couple Relationships

Consent to participate in an experimental programme involving the use of human participants

Psychodynamic Couple Psychotherapists' theories of Sensate Focus

I have read the information sheet relating to the above research study, in which I have been asked to participate, and have been given a copy of that information sheet to keep. The nature and purposes of the research study have been explained to me, and I have had the opportunity to discuss the details and ask questions about this study. I understand what is being proposed and the procedures in which I will be involved have been explained to me. In particular, I understand the following points:

1. I will be asked to do one interview recorded on a digital voice recorder.
2. Verbatim anonymised extracts from interviews may be used in the final report and peer-reviewed journals
3. The small number of participants involved in this study may have implications for anonymity.

I understand that my involvement in this study will remain confidential and that data gleaned from my involvement will be kept anonymous. Only the principal researcher and her supervisors will have access to the data. It has been explained to me what will happen to data once the study has been completed, and that rules of confidentiality will not apply in the case of disclosure of imminent harm to self or others.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason.

Participant's name (BLOCK CAPITALS)

.....

Participant's signature

.....

Researcher's name (BLOCK CAPITALS)

.....

Researcher's signature

.....

APPENDIX 3. UREC's letter of approval (page 1 of 2)

EXTERNAL AND STRATEGIC DEVELOPMENT SERVICES
uel.ac.uk/qa
Quality Assurance and Enhancement

UEL University of East London

10 October 2014

Dear Susan,

Project Title:	**An investigation into psychodynamic couple psychotherapists' theories of Sensate Focus in clinical practice.**
Researcher(s):	**Susan Pacey**
Principal Investigator:	**Dr Christopher Clulow**

I am writing to confirm the outcome of your application to the University Research Ethics Committee (UREC), which was considered at the meeting on **Wednesday 23rd July 2014**.

The decision made by members of the Committee is **Approved**. The Committee's response is based on the protocol described in the application form and supporting documentation. Your study has received ethical approval from the date of this letter.

Should any significant adverse events or considerable changes occur in connection with this research project that may consequently alter relevant ethical considerations, this must be reported immediately to UREC. Subsequent to such changes an Ethical Amendment Form should be completed and submitted to UREC.

Approved Research Site

I am pleased to confirm that the approval of the proposed research applies to the following research site.

Research Site	Principal Investigator / Local Collaborator
Participants' home or workplace or University of East London	Dr Christopher Clulow

Approved Documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
UREC Application Form	2.0	10 October 2014
Participant Information Sheet	2.0	10 October 2014
Consent Form	1.0	24 June 2014
Interview schedule	1.0	24 June 2014

Docklands Campus, University Way, London E16 2RD
Tel: +44 (0)20 8223 3322 Fax: +44 (0)20 8223 3394 MINICOM 020 8223 2853
Email: r.carter@uel.ac.uk

APPENDIX 3 continued (page 2 of 2)

EXTERNAL AND STRATEGIC DEVELOPMENT SERVICES
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Quality Assurance and Enhancement

UEL University of East London

Tavistock ethics committee permission letter	1.0	24 June 2014
Risk assessment	1.0	24 June 2014

Approval is given on the understanding that the UEL Code of Good Practice in Research is adhered to.

Please ensure you retain this letter for your records.

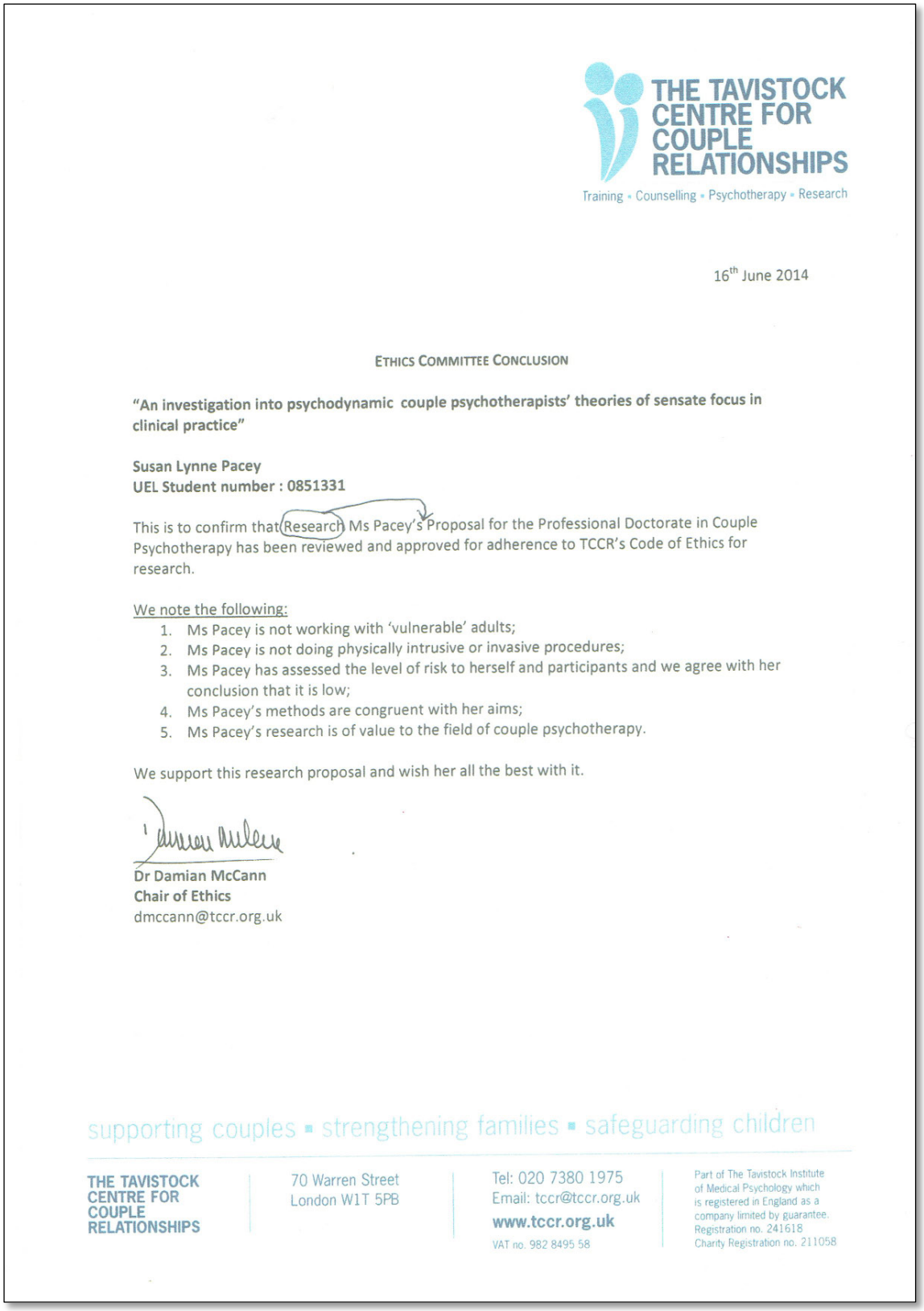
With the Committee's best wishes for the success of this project.

Yours sincerely,

Catherine Fieulleteau
Ethics Integrity Manager
University Research Ethics Committee (UREC)
Email: researchethics@uel.ac.uk

Docklands Campus, University Way, London E16 2RD
Tel: +44 (0)20 8223 3322 Fax: +44 (0)20 8223 3394 MINICOM 020 8223 2853
Email: r.carter@uel.ac.uk

APPENDIX 4. TR's letter of ethical approval



THE TAVISTOCK CENTRE FOR COUPLE RELATIONSHIPS

Training • Counselling • Psychotherapy • Research

16th June 2014

ETHICS COMMITTEE CONCLUSION

"An investigation into psychodynamic couple psychotherapists' theories of sensate focus in clinical practice"

Susan Lynne Pacey
UEL Student number : 0851331

This is to confirm that Research Ms Pacey's Proposal for the Professional Doctorate in Couple Psychotherapy has been reviewed and approved for adherence to TCCR's Code of Ethics for research.

We note the following:

1. Ms Pacey is not working with 'vulnerable' adults;
2. Ms Pacey is not doing physically intrusive or invasive procedures;
3. Ms Pacey has assessed the level of risk to herself and participants and we agree with her conclusion that it is low;
4. Ms Pacey's methods are congruent with her aims;
5. Ms Pacey's research is of value to the field of couple psychotherapy.

We support this research proposal and wish her all the best with it.

Dr Damian McCann
Chair of Ethics
dmccann@tccr.org.uk

supporting couples • strengthening families • safeguarding children

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